CA Bureau of Security & Investigative Services Alarm Company Live Scan Request Form

Applicant Submission

ORI: A0522 Type of Application: Alarm Co Lic			
Code assigned by DOJ Job Title or Type of License, Certification or Permit:			
Agency Address Set Contributing Agency:			
Bureau of Security & Investigative Services		06078	
Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)	
P.O. BOX 989002 Street No. Street or P.O. Box		Contact Name (Mandatory for all school submissions)	
		(916) 322-4000	
	5798-9002	Contact Telepho	,
Name of Applicant:			
(please print) Last	First		MI
Alias:		Driver's License No.	
	st	-	
Date of Birth: Sex: M	lale Female	Misc. No. BIL-	N/A
			Agency Billing Number (if applicable)
Height: Weight:		Misc. No:	
Eye Color: Hair Color:		Home Address:	
		- —	Street or P.O. Box
Place of Birth:			
SOC: or ITIN:		City, State and Zip Code	
Your Number:		Level of Service	
OCA No. (Agency Identifying No.)			
If resubmission, list Original ATI No.			
Employer: (Additional response for agencies specified by statute)			
Employer Name			
Employer Name			
Street No. Street or P.O. Box		Mail C	Code (five digit code assigned by DOJ)
		()	, , , , , , , , , , , , , , , , , , ,
City State	Zip Code	(/ / Agenc	cy Telephone No. (optional)
Live Scan Transaction Completed By:			Date:
	ame of Operator		
Transmitting Agency	ATI No.		Amount Collected/Billed
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BCII 8016 (Rev 04/01) ORIGINAL - Live Scan Operator, SECOND COPY - Requesting Agency, THIRD COPY - Applicant

Applicant must contact their Contributing Agency to verify the accuracy of the form required for their Live Scan submission.