

CALIFORNIA DEPARTMENT OF JUSTICE  
BUREAU OF FIREARMS  
Entertainment Firearms Permit Application  
Request for Live Scan Service

DEPARTMENT OF JUSTICE  
STATE OF CALIFORNIA  
BCII 8016  
(orig. 4/01; rev. 6/09)



Applicant Submission

CA0349400

ORI (Code assigned by DOJ)

Entertainment Firearms Permit Application

Authorized Applicant Type

Entertainment Firearms Permit Application

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Department of Justice, Bureau of Firearms

Agency Authorized to Receive Criminal Record Information

01123

Mail Code (five-digit code assigned by DOJ)

P.O. Box 160367

Street Address or P.O. Box

Firearms Licensing and Permit Section

Contact Name (mandatory for all school submissions)

Sacramento

City

CA 95816-0367

State ZIP Code

(916) 227-2153

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex  Male  Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.

Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

N/A

Your Number: N/A

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

N/A

Employer Name

N/A

Mail Code (five digit code assigned by DOJ)

N/A

Street Address or P.O. Box

N/A

City

State

ZIP Code

N/A

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed