

CA Bureau of Security & Investigative Services Private Investigator w/Firearm Live Scan Request Form

Applicant Submission

ORI: A0522 <small>Code assigned by DOJ</small>	Type of Application: Priv Investigator w/Fire
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 P.O. BOX 989002		Mail Code (five digit code assigned by DOJ) Licensing
Street No. _____ Street or P.O. Box _____	Contact Name (Mandatory for all school submissions) (916) 322-4000	
West Sacramento CA	95798-9002	Contact Telephone No.
<small>City State Zip Code</small>		

Name of Applicant: _____ <small>(please print) Last First MI</small>			
Alias: _____ <small>Last First</small>	Driver's License No. _____		
Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL- <u>N/A</u> <small>Agency Billing Number (if applicable)</small>		
Height: _____ Weight: _____	Misc. No: _____		
Eye Color: _____ Hair Color: _____	Home Address: _____ <small>Street or P.O. Box</small>		
Place of Birth: _____	_____ <small>City, State and Zip Code</small>		
SOC: _____			

Your Number: _____ <small>OCA No. (Agency Identifying No.)</small>	Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
If resubmission, list Original ATI No. _____	

Employer: (Additional response for agencies specified by statute)			
Employer Name _____			
Street No. _____ Street or P.O. Box _____	Mail Code (five digit code assigned by DOJ) _____		
City _____ State _____ Zip Code _____	() _____ <small>Agency Telephone No. (optional)</small>		

Live Scan Transaction Completed By: _____ <small>Name of Operator</small>	Date: _____	
Transmitting Agency _____	ATI No. _____	Amount Collected/Billed _____