REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

*****FOLLOW INSTRUCTIONS BELOW*****

ORI: **CA0194200** Type of Application: **Massage Renewal 2008**

Job Title or Type of License, Certification or Permit: **OPERATOR, ENTER FIRST TEN NUMBERS➔«Account_Number»**

Agency Address Set Contributing Agency:

LAPD — Agency authorized to receive criminal history information

00413 — Mail Code (five digit code assigned by DOJ)

P.O. BOX 30158 — Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

LOS ANGELES City **CA** State **90030** Zip Code

(213) 485-8081 Contact Telephone No.

*****ENTER INFORMATION FOR 1 – 11b*****

Name of Applicant: 1 (please print) Last First MI

Alias: 2 Last First 5

Driver's License No. 3

Date of Birth: 4 Sex: ☐ Male ☐ Female

Misc. No. BIL- **N/A** Agency Billing Number

Height: 6 Weight: 7

Misc No:

Eye Color: 8 Hair Color: 9

Home Address: 11a Street or P.O. Box

Place of Birth: 10

11b City, State and Zip Code

SOC:

*****MAKE TWO COPIES. GO TO LIVE SCAN CENTER.*****

Your Number: **TRC#** OCA No. (Agency Identifying No.)

Level of Service ☒ DOJ ☐ FBI

If resubmission, list Original ATI No.

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. Box

City State Zip Code

*****DO NOT USE THIS SECTION*****

Mail Code (five digit code assigned by DOJ)

( ) Agency Telephone No. (optional)

Live Scan Transaction Completed By: Name of Operator Date:

Transmitting Agency ATI No. Amount Collected/Billed

«Account_Number» «Business_Name»

GIVE COPIES OF FORM:
ORIGINAL-Live Scan Operator; **SECOND COPY-SEND TO LAPD**; THIRD COPY-Keep

BCII 8016 (Rev 04/01)