

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: CA0349400 Type of Application: LICENSE, CERTIFICATION, PERMIT  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: (Check one)  **Secondhand Dealer**  **Pawnbroker**

**Agency Address Set Contributing Agency:**

<u>DOJ/BCIA Secondhand Dealer/Pawnbroker Unit</u>		<u>05467</u>
<small>Agency authorized to receive criminal history information</small>		<small>Mail Code (five digit code assigned by DOJ)</small>
<u>P.O. Box 903387</u>		<u>N/A</u>
<small>Street No.</small>	<small>Street or P.O. Box</small>	<small>Contact Name (Mandatory for all school submissions)</small>
<u>Sacramento</u>	<u>CA</u>	<u>(916) 227-3688</u>
<small>City</small>	<small>State</small>	<small>Zip Code</small>
		<small>Contact Telephone No.</small>

Name of Applicant: \_\_\_\_\_  
(please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. BIL - Applicant to pay at site  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: N/A  
Street or P.O. Box

Place of Birth: \_\_\_\_\_ N/A  
City, State and Zip Code

SOC: \_\_\_\_\_

Your Number: 1180N Level of Service  DOJ  FBI  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)  
N/A

Employer Name N/A N/A

<small>Street No.</small>	<small>Street or P.O. Box</small>	<small>Mail Code (five digit code assigned by DOJ)</small>
<u>N/A</u>		<u>N/A</u>
<small>City</small>	<small>State</small>	<small>Zip Code</small>
		<small>Agency Telephone No. (optional)</small>

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_