

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A1488 Type of Application: Registration
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: Process Server

Agency Address Set Contributing Agency:
Orange County Clerk-Recorder 00534
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)
County Administration South, 601 N. Ross Street Room 106 Supervisor
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
Santa Ana, CA 92701 (714) 834-2500
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI
 Alias: _____ Driver's License No: _____
Last First
 Date of Birth: _____ Sex: Male Female Misc. No. BIL - _____
Agency Billing Number
 Height: _____ Weight: _____ Misc. Number: _____
 Home Address: _____
 Eye Color: _____ Hair Color: _____
Street No. Street or PO Box
 Place of Birth: _____
City, State and Zip Code
 Social Security Number: _____

Your Number: _____
OCA No. (Agency Identifying No.)
 Level of Service: DOJ FBI
 If resubmission, list Original ATI Number: _____

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

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