REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Applic	ation: Alarm	n Agent w/Firearms	<u>s</u>	
Job Title or Type of License, Certification or Permit: ACQ/FQ Alarm Manager/wFirearms				
Agency Address Set Contributing Agency:				
Bureau of Security & Investigative Services Agency authorized to receive criminal history information		Mail Code (five	06078 e digit code assigned by DOJ)	
P.O. BOX 989002 Street No. Street or P.O. Box		Contact Name (Licensing (Mandatory for all school submissions)	
West Sacramento CA 9579 City State Zip Co	98-9002 ode	Contact Teleph	016) 322-4000 hone No.	
Name of Applicant:				
(please print) Last	First		MI	
Alias: Last First		Driver's License	No	
Date of Birth: Sex: Male	Female	Misc. No. BIL-	N/A Agency Billing Number (if applicable)	
Height: Weight:			-	
Eye Color: Hair Color:		Home Address:	Street or P.O. Box	
Place of Birth:				
SOC:			City, State and Zip Code	
Your Number: OCA No. (Agency Identifying No.)	_	Level of Service	X DOJ X FBI	
If resubmission, list Original ATI No.				
Employer: (Additional response for agencies specified	by statute)			
Employer Name				
Street No. Street or P.O. Box		()	Code (five digit code assigned by DOJ)	
City State	Zip Code	Agend	cy Telephone No. (optional)	
Live Scan Transaction Completed By: Name	of Operator		Date:	
Transmitting Agency	ATI No.		Amount Collected/Billed	

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P.O. BOX 989002		Licensing		
Street No. Street or P.O. Box		Contact Name (Mandatory for all school submissions)		
	5798-9002	(916) 322-4000		
City State Zip	o Code	Contact Telephone No.		
Name of Applicant:	First	MI		
(please print) Last	FIFSt	MI		
Alias:		Driver's License No.		
Last Fin	rst			
Date of Birth: Sex: M	lale Female	Misc. No. BIL- Agency Billing Number (if applicable)		
Height: Weight:		Misc. No:		
Fire Colors		Llares Addungs.		
Eye Color: Hall Colol		Home Address: Street or P.O. Box		
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	95798-9002 Zip Code	(916) 322-4000 Contact Telephone No.		
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Name of Applicant:	First	MI		
Alias: Last F	First	Driver's License No.		
	Male Female	Misc. No. BIL- Agency Billing Number (if applicable)		
		Misc. No:		
Eye Color: Hair Color:		Home Address: Street or P.O. Box		
Place of Birth:		City, State and Zip Code		
SOC:		Oity, State and Zip Gode		
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City State	Zip Code	Agency Telephone No. (optional)		
Live Scan Transaction Completed By:	Name of Operator	Date:		
Transmitting Agency	ATI No.	Amount Collected/Billed		



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

P.O. Box 989002 West Sacramento, CA 95798-9002 (916) 322-4000 www.bsis.ca.gov



<u>ALARM COMPANY QUALIFIED MANAGER w/FIREARM PERMIT (ACQ/FQ)</u> <u>LIVE SCAN PROCESS INSTRUCTION FORM</u>

Live Scan is a system for electronically submitting fingerprints used in background checks to the California Department of Justice and the FBI.

Simply follow these steps:

STEP 1

Fill out the following information on the pre-printed Live Scan form (BCII 8016), which can be obtained either from the Bureau or downloaded from the Bureau Web site at http://www.dca.ca.gov/bsis/live scan fingerp.htm:

1. Name of Applicant: Enter the Last Name, First Name, and Middle Name.

2. Alias: Enter any aliases (including any maiden name) of the applicant.

3. Date of Birth: Enter the date of birth of the applicant.

4. Sex: Enter the sex of the applicant.
5. Height: Enter the height of the applicant.
6. Weight: Enter the weight of the applicant.
7. Eye Color: Enter the eye color of the applicant.
8. Hair Color: Enter the hair color of the applicant.
9. Place of Birth: Enter the place of birth of the applicant.
10. SOC: Enter the applicant's Social Security number.

11. Driver's License No.: Enter the applicant's Driver's License number, including the state.

12. Home Address: Enter the applicant's home address.

STEP 2

With three copies of the completed Live Scan Form, go to the nearest Live Scan site to have your fingerprints electronically submitted to the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).

NOTE: A listing of all available Live Scan sites can be obtained at www.bsis.ca.gov/forms_pubs/livescan/index.shtml or by contacting the Bureau at (916) 322-4000.

STEP 3: PAY THE LIVE SCAN OPERATOR

ALARM COMPANY QUALIFIED MANAGER WITH A FIREARM PERMIT	FIREARM PERMIT ONLY
\$32.00 DOJ Fingerprint Processing Fee	\$32.00 DOJ Fingerprint Processing Fee
\$17.00 FBI Fingerprint Processing Fee	\$17.00 FBI Fingerprint Processing Fee
\$38.00 FEA Firearm Eligibility Processing Fee	\$38.00 FEA Firearm Eligibility Processing Fee
TOTAL: \$87.00	TOTAL: \$87.00

STEP 4: SUBMIT THE FOLLOWING TO THE BUREAU

ALARM COMPANY QUALIFIED MANAGER WITH A FIREARM PERMIT		FIREARM PERMIT ONLY	
1.	The completed Alarm Company Qualified Manager & Firearm permit applications.	The completed Firearm permit application.	
2.	The second copy of the Live Scan form (BCII 8016) received from the Live Scan Site, signed by the Live Scan operator, including the ATI number.	2. The second copy of the Live Scan form (BCII 8016) received from the Live Scan Site, signed by the Live Scan operator, including the ATI number.	
3.	A check/money order totaling the amount of \$185.00 (\$105.00 Initial Alarm Company Qualified Manager application & Examination Fee, \$80.00 Initial Firearm Permit Application Fee).	3. A check/money order totaling the amount of \$80.00 Initial Firearm Permit Application Fee.	

(Rev. 08/2012)