REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Code assigned by DOJ	Application: Priv Ir	nvestigator w/Fire	arm
Job Title or Type of License, Certification or Permit: <u>PI/FQ Investigator w/Firearms</u>			
Agency Address Set Contributing Agence	:y:		
Bureau of Security & Investigative			06078
Agency authorized to receive criminal history infor	mation	Mail Code (five	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)
	05700 0000		
West Sacramento CA City State	95798-9002 Zip Code	Contact Telep	916) 322-4000 hone 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-	N/A Agency Billing Number (if applicable)
Height: Woight:		Mice No:	
Height: Weight:			
Eye Color: Hair Colo	r:	Home Address:	
_			Street or P.O. Box
Place of Birth:			City, State and Zip Code
SOC:			City, State and Zip Code
Your Number:		Level of Service	X DOJ X FBI
OCA No. (Agency Identifying	3 No.)		
If resubmission, list Original ATI No.			
Employer: (Additional response for agencies sp	pecified by statute)		
Employer Name			
Street No. Street or P.O. Box		Mail	Code (five digit code assigned by DOJ)
		_()	
City State	Zip Code	Agen	ncy Telephone No. (optional)
Live Scan Transaction Completed By:	Name of Operator		Date:
Transmitting Agency	ATI No.		Amount Collected/Billed

BCII 8016 (Rev 04/01) ORIGINAL - Live Scan Operator, SECOND COPY - Requesting Agency, THIRD COPY - Applicant

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Job The OFT ype of License, Certification of		
Agency Address Set Contributing Agency: Bureau of Security & Investigative Services Agency authorized to receive criminal history information		06078 Mail Code (five digit code assigned by DOJ)
P.O. BOX 989002		Licensing
Street No. Street or P.O. Box		Contact Name (Mandatory for all school submissions)
	798-9002 ^{Code}	(916) 322-4000 Contact Telephone No.
Name of Applicant: (please print) Last	First	MI
Alias:	st	Driver's License No.
Date of Birth: Sex: Ma	ale Female	Misc. No. BIL- N/A Agency Billing Number (if applicable)
Height: Weight:		Misc. No:
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 specific	ed by statute)	
Employer Name		
Street No. Street or P.O. Box		Mail Code (five digit code assigned by DOJ)
City State	Zip Code	Agency Telephone No. (optional)
Live Scan Transaction Completed By:	me of Operator	Date:
Transmitting Agency	ATI No.	Amount Collected/Billed

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Agency Address Set Contributing Ag			
Bureau of Security & Investiga		Mail Code (five d	06078
Agency authorized to receive criminal history	information	Mail Code (five d	igit code assigned by DOJ)
P.O. BOX 989002			
Street No. Street or P.O. Box		Contact Name (IVI	andatory for all school submissions)
West Sacramento CA	95798-9002		6) 322-4000
City State	Zip Code	Contact Telepho	ne No.
Name of Applicant:			
(please print) Last	First		МІ
A			_
Alias:	First	Driver's License in	0
			N1/A
Date of Birth: Sex:	Male Female	Misc. No. BIL-	N/A Agency Billing Number (if applicable)
Height: Wei			
Eye Color: Hair (Color:	Home Address:	
			Street or P.O. Box
Place of Birth:			
		Ci	ity, State and Zip Code
SOC:		-	
Your Number:		Level of Service	X DOJ X FBI
OCA No. (Agency Iden	lifying No.)		
If resubmission, list Original ATI No.			
Employer: (Additional response for agencie	es specified by statute)		
Employer Name			
Street No. Street or P.O.	Roy	Mail Co	de (five digit code assigned by DOJ)
		/ \	
City State	Zip Code		Telephone No. (optional)
City State		Agency	
Live Scan Transaction Completed B	y: Name of Operator		Date:
	Name of Operator		
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>PRIVATE INVESTIGATOR w/FIREARM PERMIT (PI/FQ)</u> LIVE SCAN PROCESS INSTRUCTION FORM

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:

<u>STEP 1</u>

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 <u>www.bsis.ca.gov/forms_pubs/livescan/index.shtml</u> or by contacting the Bureau at (916) 322-4000.

STEP 3: PAY THE LIVE SCAN OPERATOR

PRIVATE INVESTIGATOR & 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: \$89.00	TOTAL: \$89.00

STEP 4: SUBMIT THE FOLLOWING TO THE BUREAU

PRIVATE INVESTIGATOR & FIREARM PERMIT	FIREARM PERMIT ONLY
1. The completed Private Investigator & Firearm permit applications.	1. 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.
 A check/money order totaling the amount of \$130.00 (\$50.00 Initial Private Investigator 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.