# **REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission

ORI: A0522 Type of Application: Repossessor				
Job Title or Type of License, Certification or Permit: <u>RA Repossession Agency</u>				
Agency Address Set Contributing Agency:				
Bureau of Security & Investigative Servi	ces	06078		
Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)		
P.O. BOX 989002 Street No. Street or P.O. Box		Contact Name (Mandatory for all school submissions)		
West SacramentoCA95798CityStateZip Code	3-9002 •	(916) 322-4000 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- N/A Agency Billing Number (if applicable)		
Height: Weight:		Misc. No:		
Eye Color: Hair Color:		Home Address:		
Place of Birth:				
SOC:				
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		Mail Code (five digit code assigned by DOJ)		
City State	Zip Code	() Agency Telephone No. (optional)		
Live Scan Transaction Completed By: Date:				
Name of Operator				
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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Bureau of Security & Investigative Services	06078			
Agency authorized to receive criminal history information	Mail Code (five digit code assigned by DOJ)			
P.O. BOX 989002	Licensing			
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West SacramentoCA95798-9002CityStateZip Code	(916) 322-4000 Contact Telephone No.			
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Alias:	Driver's License No.			
Last First				
Date of Birth: Sex: Male Female	e 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:				
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)				
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Transmitting Agency ATI No.	Amount Collected/Billed			

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Bureau of Security & Investigative Services Agency authorized to receive criminal history information	06078 Mail Code (five digit code assigned by DOJ)			
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(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	Mail Code (five digit code assigned by DOJ)			
City State Zip Code	Agency Telephone No. (optional)			
Live Scan Transaction Completed By:	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>REPOSSESSION AGENCY (RA)</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:

#### 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: You can get a listing of all Live Scan sites at <u>www.bsis.ca.gov/forms\_pubs/livescan/index.shtml</u> or by contacting the Bureau at (916) 322-4000.

### <u>STEP 3</u>

Pay the Live Scan Operator:

\$32.00 DOJ Fingerprint Processing Fee \$17.00 FBI Fingerprint Processing Fee **\$49.00** 

In addition, you must pay the Live Scan Operator the Live Scan site Processing Fee. The fee is set by each Live Scan site and can vary. The Bureau of Security and Investigative Services does not set the fee.

### STEP 4

Submit the following to the Bureau:

1. The completed Repossession Company application forms.

TOTAL

- 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 for :

for :\$825.00 Initial Repossession Agency License FeeTOTAL\$825.00

(Rev. 08/2012)