REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Application: Repossessor						
Job Title or Type of License, Certification or Permit: RAE Repo Agency Employee						
Agency Address Set Contributing Agency:						
Bureau of Security & Investigative S	Services	06078				
Agency authorized to receive criminal history informat	lion	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)				
	5798-9002	(916) 322-4000				
City State Zip	Code	Contact Telephone No.				
Name of Applicant:	First	MI				
(please print) Last	FIFSt	MI				
Alias:		Driver's License No.				
Last Fire	st _					
Date of Birth: Sex: Ma	ale Female	Misc. No. BIL- Agency Billing Number (if applicable)				
Height: Weight:		Misc. No:				
Fig. Colors		Here Address				
Eye Color: Hall Color		Home Address: Street or P.O. Box				
Place of Birth:	City, State and Zip Code					
SOC:		•				
Your Number:		Level of Service X DOJ X FBI				
OCA No. (Agency Identifying No.)						
If resubmission, list Original ATI No.						
Employer: (Additional response for agencies specified by statute)						
		<u></u>				
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				

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Agency Address Set Contributing Agency:					
Bureau of Security & Investigative Agency authorized to receive criminal history infor	e Services	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)			
West Sacramento CA City State	95798-9002 Zip Code	(916) 322-4000 Contact Telephone No.			
Name of Applicant:	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:					
Eye Color: Hair Colo	or:	Home Address: Street or P.O. Box			
Place of Birth:		City, State and Zip Code			
SOC:		_			
Your Number: OCA No. (Agency Identifying	g 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)			
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Name of Operator					
Transmitting Agency	ATI No.	Amount Collected/Billed			

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Job Title or Type of License, Certification or Permit: RAE Repo Agency Employee						
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Bureau of Security & Investigative Servagency 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		Licensing Contact Name (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:	1 1131	Driver's License				
Date of Birth: Sex:Male	Female	Misc. No. BIL-	N/A Agency Billing Number (if applicable)			
Height: Weight:			Agency Billing Number (if applicable)			
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			
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		<u> </u>				
Street No. Street or P.O. Box		Mail 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			



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 EMPLOYEE (RAE)</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 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: \$32.00 DOJ Fingerprint Processing Fee

\$17.00 FBI Fingerprint Processing Fee

TOTAL \$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 Agent application form.
- 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: \$75.00 Initial Repossession Agency Employee Registration Application Fee

TOTAL \$75.00

(Rev. 08/2012)