REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0349466 (Code assigned by DOJ) Type of Application: STATE GAMBLING LICENSE

Job Title or Type of License, Certification or Permit: GAMBLING LIC TRIBAL KEY

Agency Address Set Contributing Agency:

BUREAU OF GAMBLING CONTROL — Agency authorized to receive criminal history information

06198 — Mail Code (five digit code assigned by DOJ)

PO BOX 168024 — Street No.Street or P.O. Box

Contact Name (Mandatory for all school submissions)

SACRAMENTO (City) CA (State) 95816 (Zip Code)

Contact Telephone 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-** 199994 (Agency Billing Number (if applicable))

Height: Weight: Misc. No:

Eye Color: Hair Color: Home Address: Street or P.O. Box

Place of Birth: City, State and Zip Code

SOC:

Your Number: TRIBAL KEY (OCA No. (Agency Identifying No.))

Level of Service DOJ [x] FBI [x]

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: 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

Clear Form Print Form