

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Application: Training Instructor Firearm
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Training Instructor Firearm

Agency Address Set Contributing Agency:

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

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

West Sacramento CA 95798-9002

(916) 322-4000

City State Zip Code

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: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____ Level of Service DOJ FBI
OCA No. (Agency Identifying No.)

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

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: <u>A0522</u> <small>Code assigned by DOJ</small>	Type of Application: <u>Training Instructor Firearm</u>
Job Title or Type of License, Certification or Permit: <u>TIF Trng Instructor Firearm</u>	

Agency Address Set Contributing Agency: Bureau of Security & Investigative Services		<u>06078</u> <small>Mail Code (five digit code assigned by DOJ)</small>
Agency authorized to receive criminal history information		
P.O. BOX 989002		Licensing
Street No.	Street or P.O. Box	Contact Name (Mandatory for all school submissions)
<u>West Sacramento</u>	<u>CA</u>	<u>(916) 322-4000</u>
City	State	Zip Code
		Contact Telephone No.

Name of Applicant: _____ <small>(please print) Last First MI</small>		
Alias: _____ <small>Last First</small>	Driver's License No. _____	
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL- <u>N/A</u> <small>Agency Billing Number (if applicable)</small>
Height: _____	Weight: _____	Misc. No: _____
Eye Color: _____	Hair Color: _____	Home Address: _____ <small>Street or P.O. Box</small>
Place of Birth: _____	_____ <small>City, State and Zip Code</small>	
SOC: _____		

Your Number: _____ <small>OCA No. (Agency Identifying No.)</small>	Level of Service	<input checked="" type="checkbox"/> DOJ	<input checked="" type="checkbox"/> 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	() _____ <small>Agency Telephone No. (optional)</small>

Live Scan Transaction Completed By: _____ <small>Name of Operator</small>		Date: _____
Transmitting Agency _____	ATI No. _____	Amount Collected/Billed _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Application: Training Instructor Firearm
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: TIF Trng Instructor Firearm

Agency Address Set Contributing Agency:

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

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

West Sacramento CA 95798-9002

(916) 322-4000

City State Zip Code

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: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____ Level of Service DOJ FBI
OCA No. (Agency Identifying No.)

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 _____



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES
P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000
www.bsis.ca.gov

TRAINING INSTRUCTOR FIREARM (TIF)
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](http://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 Training Instructor Firearm application forms. | |
| 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 : | \$250.00 Training Instructor Firearm Certificate Application Fee |
| TOTAL | \$250.00 |