REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: ___A0084___   Type of Application: ___License, Certification or Permit___
  <small>Code assigned by DOJ</small>

Job Title or Type of License, Certification or Permit: ___Notary Public___

Agency Address Set Contributing Agency

<u>Secretary of State</u>   ___03690_____
<small>Agency authorized to receive criminal history information</small>   <small>Mail Code (five digit assigned by DOJ)</small>

<u>1500 11th Street, 2nd Floor</u> _____   _____
<small>Street No.   Street or P.O. Box</small>   <small>Contact Name (Mandatory for all school submissions)</small>

<u>Sacramento</u>   <u>CA</u>   <u>95814</u>   (___) _____
<small>City</small>   <small>State</small>   <small>Zip Code</small>   <small>Contact Telephone No.</small>

Name of Applicant: _____
  <small>(please print)   Last   First   MI</small>

Alias: _____   Driver's License No. _____
  <small>Last   First</small>

Date of Birth: _____   SEX: ☐ Male ☐ Female   Misc. No. **BIL -** __APPLICANT MUST PAY AT LIVE SCAN SITE__
                                                              <small>Agency Billing Number</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>

Social Security Number: _____   Email: _____

Your Number: _____   Level of Service   [X] DOJ   [X] FBI
  <small>OCA No.</small>

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

_____
Employer Name

_____   _____
<small>Street No.   Street or P.O. Box</small>   <small>Mail Code (five digit code assigned by DOJ)</small>

_____   (___) _____
<small>City   State   Zip Code</small>   <small>Agency Telephone No. (optional)</small>

Live Scan Transaction Completed By: _____ Date: _____
                                       <small>Name of Operator</small>

_____   _____   _____
<small>Transmitting Agency</small>   <small>ATI No.</small>   <small>Amount Collected/Billed</small>

<small>SOS/BCII 8016 (Rev 04/01)   ORIGINAL-Live Scan Operator;   SECOND COPY-Requesting Agency;   THIRD COPY-Applicant</small>

**INSTRUCTIONS FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE
APPLICANT SUBMISSION FORM**

Be sure to take identification to the live scan site. You must show ID prior to having your fingerprints taken.

The following information *must* be printed or typed on the form. All other spaces on the form should remain blank.

Name of Applicant: Enter your full name.

Alias: Enter any other names you have used.

Date of Birth: You *must* provide your date of birth in order for the Secretary of State's Office to process your background check.

Sex: Gender (male or female)

Height

Weight

Eye Color

Hair Color

Place of Birth

Social Security Number: You *must* provide your social security number in order for the Secretary of State's Office to process your background check.

Driver's License No.: California driver's license number. If you do not have a California driver's license, enter other identifying numbers such as another state driver's license number or California ID card number.

Agency Billing No.: Please be prepared to pay the fingerprint processing fee and the rolling fee at the live scan site (cash, check or money order). Be sure to call the live scan site to determine the acceptable type of payment and the amount of the required fee.

Agency/OCA No.: Enter your social security number.

IMPORTANT: Retain a copy of the Request for Live Scan Service form for your records in case you need to have your prints retaken. This copy will serve as your proof that you have paid the fingerprint-processing fee so you will not be required to pay again. You may, however, be required to pay for the rolling fee.