

STATE OF CALIFORNIA -DEPARTMENT OF BUSINESS OVERSIGHT  
**REQUEST FOR LIVE SCAN SERVICE - APPLICANT SUBMISSION**

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C

ORI: A0334 Type of Application: CALIFORNIA FINANCING LAW LICENSE  
Code assigned by DOJ

Job Title or Type of License, Certification, or Permit: CALIFORNIA FINANCING LAW LICENSE

**Agency Address Set Contributing Agency:**

DEPARTMENT OF BUSINESS OVERSIGHT 03918  
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

320 WEST 4<sup>TH</sup> STREET, SUITE 750  
Street Contact Name

LOS ANGELES, CA 90013-2344 (866) 275-2677  
City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
Last \* First \* MI

Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First

Date of Birth:\* \_\_\_\_\_ Sex:  Male  Female Misc. NO. BIL- \_\_\_\_\_

Height:\* \_\_\_\_\_ Weight:\* \_\_\_\_\_ Misc. No: \_\_\_\_\_

Eye Color:\* \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address:\* \_\_\_\_\_

Place of Birth:\* \_\_\_\_\_ Street or P.O. Box

SOC:\* \_\_\_\_\_ City, State and Zip Code

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)

DO NOT COMPLETE THIS SECTION

Employer Name \_\_\_\_\_

Street \_\_\_\_\_ 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

**ORIGINAL - LIVE SCAN Operator, SECOND COPY - Requesting Agency, THIRD COPY - Applicant**