



THE DEPARTMENT OF JUSTICE

**BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION**

APPLICANT PROCESSING PROGRAM

LIVE SCAN REQUEST PACKET

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**STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION
APPLICANT LIVE SCAN**

OVERVIEW

Applicant Live Scan is a system for the electronic submission of applicant fingerprints and the subsequent automated background check and response. Live scan technology replaces the process of recording an individual's fingerprint patterns manually through a rolling process using ink and a standard 8" x 8" fingerprint card. Fingerprints can be printed and submitted on an 8" x 8" fingerprint card* or digitized through an electronic process (Live Scan), enabling the electronic transfer of the fingerprint image data, in combination with personal descriptor information, to central computers at the Department of Justice. This transfer of information takes place in a matter of seconds, instead of the days required to send hard copy fingerprint cards through the U.S. mail. The applicant visits an Applicant Live Scan satellite location where the fingerprint images and related data are electronically transmitted to the Department of Justice. The recent, rapid expansion of the number of applicant live scan devices has resulted in an ever increasing volume of applicants availing themselves of live scan technology.

With live scan, instead of the hard fingerprint card used in the manual process, the applicant is provided with a "Request for Live Scan Service" form (BCII 8016). The applicant is also provided with a list of nearby live scan locations and must go to one of the specified locations to submit fingerprints. At these locations, a trained operator enters the information from the BCII 8016 form into the live scan terminal and initiates the live scan fingerprinting process. After successful electronic capture of the fingerprint images and the accompanying data, the information is electronically transmitted to the Department of Justice.

Once the fingerprints and data are received by the Department of Justice they are electronically processed by the DOJ Networked AFIS Transaction Management System (NATMS). Most live scan submissions which have no data or quality errors and do not result in possible criminal history matches are processed automatically and are responded to electronically. Live scan transmissions requiring analysis of a criminal record are electronically sent to the Applicant Response Unit for analysis and dissemination. Live scan submissions are responded to by electronic mail, fax and/or U.S. mail when the electronic mail response or fax is not available.

The Department of Justice will also coordinate other electronic processes resulting from the automated submissions of fingerprints, including forwarding the fingerprints to the FBI (if required) and coordinating the collection of associated fees.

In order to request this service, you must first be authorized by the Department of Justice. You can obtain the forms to start the authorization process at www.caag.state.ca.us/fingerprints/forms.htm. If your agency has been previously authorized, complete the appropriate forms in this packet and submit them to the Department of Justice.

The demands on the Applicant Program continue to increase as the legislature and various public and private agencies recognize the importance of requiring fingerprint based criminal background checks for various employment, licensing and certification purposes. We sincerely hope that this information will be useful and will answer your questions about the electronic processing of fingerprints in California.

*** While DOJ strongly encourages the use of live scan technology, the use of the manual hard card will still be accepted and processed utilizing the standard FD-258 fingerprint card. These can be ordered by calling (916) 322-2209.**

EXAMPLE
REQUEST FORM FOR ASSIGNMENT OF
CONTRIBUTING AGENCY ORI AND/OR RESPONSE MAIL CODE

In order to submit via live scan, you must have an ORI code to identify your agency. Also, if you wish to receive an electronic or FAX response, you must request a Response Mail Code. Note that electronic responses will be sent to a secure electronic mailbox from which you will retrieve your messages. Please check below all that apply. If you wish to receive responses by mail, you need only request an ORI for live scan transmission. **In order to receive a Mail Code number, you must have a completed Subscriber Agreement (copy enclosed) on file or included with this request.**

Request for ORI ① Request for Electronic Response Mail Code Request for Fax Mail Code

Contributing Agency Name: __ ② _____

Mailing Address: _____

City, State and Zip Code: _____

Your projection for monthly applicant submissions: _____

Contact Person Name: __ ③ _____ Phone Number: (____) _____ ④ _____

Please check the box(es) for the types of applicants for whom you will be submitting:

Employment ⑤ _____
Title or Position (i.e., Classified Employee)

License, Certification, Permit ⑥ _____
⑦ _____
Identify Licensing Agency (as it would appear on Fingerprint card, i.e. Dept of Social Services)

Volunteers ⑧

● If all responses are to be sent electronically or by Fax number, please check and provide information here:

⑨ All Submissions
Electronic Response Fax Number _____

● If responses are designated to different locations (according to application type), please check and provide information here:

⑩ Employment:
Electronic Response Fax number _____

License, Certification, Permit:
Electronic Response Fax number _____

Volunteers:
Electronic Response Fax number _____

ORI's and mail code number(s) will be assigned by the DOJ and returned to you on the attached form. Please fill in your agency address as indicated and enclose the form with your request.

**GUIDELINES FOR COMPLETING
“REQUEST FORM FOR ASSIGNMENT OF CONTRIBUTING
AGENCY ORI AND/OR RESPONSE MAIL CODE”**

CATEGORY	INSTRUCTIONS	COMMENTS
1) Request for ORI, Electronic Response Mail Code or Fax Mail Code:	Request for ORI box is mandatory if you want to submit via live scan. Your agency will be assigned a code by DOJ. Check other boxes if you wish to receive an Electronic or FAX response.	Note: Electronic responses will be sent to a secure mail server system from which you will retrieve your messages.
2) Contributing Agency Name, Mailing Address and Projected Monthly Submissions:	Agency name as you currently submit on your fingerprint cards, or the name that appears on your authorization letter. Your agency’s mailing address, agency’s city, state, zip code and projected monthly submissions.	
3) Contact Person:	Enter name of the person within your agency DOJ can contact if any questions arise.	
4) Phone Number:	Enter the contact person’s phone number.	
5) Employment:	Check this box if you submit for employees and enter title or position. If you submit for all employees, state “all employees”	
6) License, Certification, Permit:	Check this box if you submit for licenses, certifications or permits and enter the types. If you submit for all licenses, certifications and permits, enter “all”.	
7) Identify Licensing Agency:	If you checked the License, Certification, Permit box, please provide the licensing agency as it would appear on a fingerprint card.	
8) Volunteers:	Check this box if you submit for volunteers.	
9) Electronic Response Mailbox or FAX number:	Check this box if ALL SUBMISSIONS will be going to the same electronic response mailbox and or FAX number. If FAX provide the agency’s Fax number.	
10) Designate More Than One Electronic Response Mailbox or FAX number:	Check the boxes that apply. If FAX please provide the Agency’s Fax numbers.	Note: Electronic response mailbox will be set up according to application type.

REQUEST FORM FOR ASSIGNMENT OF CONTRIBUTING AGENCY ORI AND/OR RESPONSE MAIL CODE

In order to submit via live scan, you must have an ORI code to identify your agency. Also, if you wish to receive an electronic or FAX response, you must request a Response Mail Code. Note that electronic responses will be sent to a secure electronic mailbox from which you will retrieve your messages. Please check below all that apply. If you wish to receive responses by mail, you need only request an ORI for live scan transmission. **In order to receive a Mail Code number, you must have a completed Subscriber Agreement (copy enclosed) on file or included with this request.**

Request for ORI Request for Electronic Response Mail Code Request for Fax Mail Code

Contributing Agency Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Your projection for monthly applicant submissions: _____

Contact Person Name: _____ Phone Number: (____) _____

Please check the box(es) for the types of applicants for whom you will be submitting:

Employment _____
Title or Position (i.e., Classified Employee)

License, Certification, Permit _____

Identify Licensing Agency (as it would appear on Fingerprint card, i.e. Dept of Social Services)

Volunteers

- If all responses are to be sent electronically or by Fax number, please check and provide information here:

All Submissions:

Electronic Response Fax Number _____

- If responses are designated to different locations (according to application type), please check and provide information here:

Employment:

Electronic Response Fax Number _____

License, Certification, Permit:

Electronic Response Fax number _____

Volunteers:

Electronic Response Fax number _____

ORI's and mail code number(s) will be assigned by the DOJ and returned to you on the attached form. Please fill in your agency address as indicated and enclose the form with your request.



**BUREAU OF CRIMINAL IDENTIFICATION
AND INFORMATION**
P.O. BOX 903417
SACRAMENTO, CA 94203-4170

**NOTIFICATION OF
ORI, MAIL CODE AND/OR BILLING NUMBER ASSIGNMENT**

Requesting Agency - please provide complete address. Also, please enclose a self-addressed mailing label so that we may return important information to you.

[_____]

[_____]

Listed below are the ORI, Mail Code and/or Billing Number assigned to your agency for applicant responses. Should your address or Fax number change, you must notify the Department of Justice immediately. Please forward any changes to the above address, **Attention: Applicant Program.**

ORI _____

Mail Code _____

Billing Number _____

If separate response locations have been requested, the assigned codes are as follows:

Type	ORI	Mail Code
Employment	_____	_____
Licensing, Certification or Permit	_____	_____
Volunteer	_____	_____

Please return the Request Form, Notification of ORI, Mail Code and/or Billing Number Assignment and Subscriber Agreement to:

Department of Justice
Applicant Processing Program-Live Scan Request
P.O. Box 903417
Sacramento, CA 94203-4170



BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION
4949 BROADWAY
P.O. BOX 903417
SACRAMENTO, CA 94203-4170
Public: (916) 227-3823

APPLICANT SUBMITTING AGENCY REQUEST TO CHANGE :

- Agency Name
- Agency Address
- Fax Number for Applicant Responses
- Contact Person / Phone Number

OLD INFORMATION

CURRENT (NEW) INFORMATION

Agency Name: _____

Agency Name: _____

Agency Address: _____

Agency Address: _____

Fax Number: _____

Fax Number: _____

Contact Person / Phone #: _____

Contact Person / Phone #: _____

Requestor Information

Name: _____

Agency Name: _____

Signature: _____

AORI: _____ Mail Code: _____

Date: _____

Telephone Number: _____

Your Projection for Monthly Submissions: _____

Mail or fax this form to:

Department of Justice
Applicant Processing Program
P.O. Box 903417
Sacramento, CA 94203-4170

Fax number: (916) 227-2000

FOR DOJ USE ONLY:

- _____ Update Authorized Agency List
- _____ Update ORI Tables
- _____ Update RDU Mailing Labels
- _____ Notify Record Security
- _____ Notify Field Operations
- _____ Notify Accounting

DEPARTMENT OF JUSTICE APPLICANT LIVE SCAN BILLING PROCEDURES

With the implementation of Applicant Live Scan, the Department of Justice (DOJ) developed new procedures for the collection of fees and billing information. The first requirement for participation in this Applicant Live Scan is providing the DOJ with billing authorization to allow fee collection for services provided. Authorization must be provided in one of the following ways:

- Non-state live scan agencies (e.g. public schools) must complete a Memorandum of Understanding;
- State agencies (e.g. Social Services) with live scan devices must complete a new Interagency Agreement even if they currently have one; or
- Applicant agencies which wish to be billed for submitting fingerprints via live scan must complete a Fingerprint Services Billing Account Application.

These documents will result in the assignment of a unique billing number which must be entered by the live scan operator on all live scan transmissions. If your agency already has a billing number for the processing of manual fingerprint cards, the same billing number can be used for applicant live scan.

The following actions must occur to generate a monthly invoice for services and to ensure that the correct agency is billed for services received.

- The live scan operator must input a billing number on every applicant live scan transmission sent to the DOJ. The billing number keyed should be either the number for the live scan agency or the licensing applicant agency, to be determined as follows:
 - **Live Scan Agency:** If the live scan agency collects cash or a check for payment of the DOJ and/or federal services, the live scan agency **must be** the agency billed. In this case, the operator must always enter the billing number of the live scan agency into the transmission.

Please note: If the applicant is fee exempt, the live scan operator must still enter the live scan agency's billing number into the transmission. No charges will be billed to the agency for fee exempt transmissions.
 - **Applicant Agency:** If the live scan agency does not collect payment, then the contributing applicant agency **must be** the agency billed. In this case, the live scan operator must always enter the applicant agency's billing number on the transmission. This number is found in the Contributing Agency Section (in the area titled "BIL") of the Request for Live Scan Applicant Submission form. This form must be provided by the applicant. If the applicant is not fee exempt, does not pay for services and there is no "BIL" number on the Applicant Submission form, the live scan operator **should not** fingerprint the applicant.

- The DOJ Accounting Office will generate invoices based on the live scan transmission information thirty days in arrears. Based on the monthly billing cycle, agencies will be billed for transmissions occurring between the first day and the last day of the prior month. Agencies will generally receive invoices within the first ten working days of the month.
- BCII Administration will provide billing detail upon request. To request detail, the agency must call (916) 227-3870 and make an initial request. The agency will then be put on a list and will receive detail monthly. The detail will consist of the applicant's name, fingerprint date, social security number (if available) and total fees billed.
- Payment to the DOJ should be made within thirty days of receipt of the billing invoice. If there are discrepancies, please pay promptly for those charges with which you agree, and short pay the invoice by the amount of charges in dispute.
- The live scan agency will be responsible for payment if the operator fails to input a billing number or inputs an incorrect billing number and/or applicant agency information, and the DOJ cannot determine which agency should be billed for the transmission.

Please call the Bureau of Criminal Identification and Information (BCII) at (916) 227-3870 to establish a billing account number only (if ORI and mail codes have already been established) and to resolve discrepancies or live scan invoice problems.

**DEPARTMENT OF JUSTICE
APPLICANT FINGERPRINT SERVICES
BILLING COVER SHEET**

Completion of this form is required for all agencies requesting an ORI number. Applicant agencies who do not wish to establish a billing account with DOJ should check the appropriate box below, complete the agency information, sign and return. Applicant agencies who currently have a billing account with DOJ or would like to establish one, please check the appropriate box and complete the applicable billing document described below.

- Do not establish a billing account at this time. Applicable fees will be paid at the time fingerprint services are rendered. (No additional forms are required.)
- Billing account currently exists with the DOJ. Account # _____.
- Establish a billing account for Applicant Fingerprint Services.

Completion of one of the enclosed billing documents is required to provide the DOJ with billing authorization to allow fee collection for services provided. Agencies with a live scan device on site are required to maintain a billing account with the DOJ. Applicant agencies without a live scan device wishing to participate in the DOJ billing process must complete and sign the billing document applicable to your agency, as described below.

- State Agencies **with** a live scan device must complete the Interagency Agreement for Live Scan Agency - (STD 13) **Note: This form must be completed even if agency already has a billing contract with DOJ.**
- Non-state agencies **with** a live scan device must complete the Live Scan Agency Memorandum of Understanding (9/98) **Note: This form must be completed even if agency has a billing contract with DOJ.**
- Applicant agencies wishing to be billed for submitting fingerprints via live scan **must** complete a Fingerprint Services Billing Account Application (11/98) **Note: Applicant agencies with an existing billing contract with DOJ do not have to submit another billing account application.**

Agency Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

Phone: _____

Authorized Signature: _____

Printed Name and Title: _____

SECURITY OF CRIMINAL OFFENDER RECORD INFORMATION

Criminal Offender Record Information (CORI) is information identified through fingerprint submission to the DOJ with a criminal record or “No Record”. It is confidential information disseminated to applicant agencies authorized by California statute for the purposes of employment, licensing, certification and volunteer clearances. The following information describes each agency’s responsibility toward accessing, storage, handling, dissemination and destruction of CORI.

Background

Penal Code Sections 11105 and 13300 identify who may have access to criminal history information and under what circumstances it may be released.

The California Department of Justice (DOJ) maintains the California Law Enforcement Telecommunications System (CLETS) that provides law enforcement agencies with information directly from federal, state and local computerized information files. However, restrictions have been placed on the user to ensure that the rights of all citizens of California are properly protected.

Article 1, Section 1 of the California Constitution grants California citizens an absolute right to privacy. Individuals or agencies violating these privacy rights place themselves at both criminal and civil liability. Laws governing Californian’s right-to-privacy were created to curb, among other things, the excessive collection and retention of personal information by government agencies, the improper use of information properly obtained for a proper purpose, and lack of a reasonable check on the accuracy of existing records. (*White v. Davis (1975) 13 Cal. 3d 757,775.*)

Employment Background Checks

It is only through the submission of fingerprints to the DOJ that the true identity of an individual can be established. In a 1977 lawsuit (*Central Valley v. Younger*), the court ruled that only arrest entries resulting in conviction, and arrest entries that indicate active prosecution, may be provided for evaluation for employment, licensing, or certification purposes.

Exceptions

Some statutory provisions, such as those relating to youth organizations, schools and financial institutions, further limit information dissemination to conviction for specific offenses. Records provided for criminal justice agency employment as defined in Section 13101 of the Penal Code are exempt from these limitations. In addition, arrest information for certain narcotic and sex crimes, irrespective of disposition, will be provided for employment with a human resource agency as defined in Section 1250 of the Health and Safety Code. Other exceptions are listed in the CLETS Policies, Practices and Procedures (Section 1.6.1).

Unauthorized Access and Misuse

The unauthorized access and misuse of CORI may affect an individual's civil rights. Additionally, any person intentionally disclosing information obtained from personal or confidential records maintained by a state agency or from records within a system of records maintained by a governmental agency has violated various California statutes. There are several code sections which provide penalties for misuse or unauthorized use of CORI.

Authorized Access

Criminal Offender Record Information shall be accessible only to the Records Custodian and/or hiring authority charged with determining the suitability for employment or licensing of an applicant. The information received shall be used by the requesting agency solely for the purpose for which it was requested and shall not be reproduced for secondary dissemination to any other employing or licensing agency.

The retention and sharing of information between employing and licensing agencies are strictly prohibited. The retention and sharing of information infringe upon the right of privacy as defined in the California Constitution, and fails to meet the compelling state interest defined in *Loder v. Municipal Court (1976) 17 Cal. 3d 859*. In addition, maintenance of CORI separate from the information maintained by the DOJ precludes subsequent record updates and makes it impossible for DOJ to control dissemination of CORI as outlined in Section 11105 of the Penal Code.

CLETS Policies, Practices and Procedures states that any information transmitted or received via CLETS is confidential and for official use only by authorized personnel (Section 1.6.4). The California Code of Regulations, Article 1, Section 703, addresses the "right and need" to know CLETS-provided information.

The Bureau of Criminal Identification and Information recommends that state summary criminal history records obtained for employment, licensing or certification purposes are to be destroyed, once a decision is made to employ, license or certify the subject of the record. Agencies should retain the State Identification Number (SID) for the purpose of "No Longer Interested" for subsequent arrest notification services pursuant to Penal Code Section 11105.2.

Retention of criminal history records beyond this time should be based on documented legal authority and need. Any records retained must be stored in a secured, confidential file. The agency should designate a specific person responsible for the confidentiality of the record and have procedures to prevent further dissemination of the record, unless such dissemination is specifically provided for by law or regulation.

As an agency receiving background clearance information in response to the submission of applicant fingerprint cards to DOJ you are aware of the regulations regarding the security of the hard copy information which you currently receive. The purpose of this Subscriber Agreement is to restate existing regulations and clarify how they apply to the electronic receipt of this same information via fax or e-mail There are no new regulations. Items 1, 2, 4, 5, and 7 restate existing regulations relative to receiving hard copy information; item 2 has been expanded to include electronic information. Items 3 and 6 are intended to clarify these regulations relative to electronic information.

APPLICANT FINGERPRINT RESPONSE

SUBSCRIBER AGREEMENT

In accordance with section 11077 of the Penal Code, the Attorney General is responsible for the security of criminal offender record information. Section 707(a) of the California Code of Regulations requires that **“Automated systems handling criminal offender record information and the information derived therefrom shall be secure from unauthorized access, alteration, deletion or release. The computer terminals shall be located in secure premises”**.

This agreement is between the (name of agency)_____ and the California Department of Justice for the purposes of the exchange of criminal offender record information. The above agrees that:

1. Criminal offender record information and the information derived therefrom shall be accessible only to the records custodian and/or hiring authority charged with determining the suitability of the applicant.
2. Confidential information received electronically or via mail shall be used solely for the purpose for which it was requested and shall not be reproduced for secondary dissemination.
3. Notwithstanding other statutory authority, information received shall not be stored electronically and will be destroyed after the hiring or licensing determination. Destruction of this information shall be to the extent that the identity of the individual can no longer be reasonably ascertained.
4. Criminal history background checks have been completed on all individuals with access or proximity to terminals or fax machines receiving criminal offender record information.
5. Staff with access to criminal offender record information have received training and counseling on the handling of criminal offender record information and have signed employment statement forms acknowledging an understanding of the criminal penalties for the misuse of criminal offender record information (Penal Code Sections 502, 11142 and 11143).

6. Reasonable measures shall be taken to locate terminals and fax machines in a secure area to provide protection from unauthorized access to criminal offender record information by other than authorized personnel. Access is defined as the ability to view criminal offender record information on a terminal or on paper.
7. Pursuant to Section 702 of the California Code of Regulations, authorized agencies violating this agreement may lose direct access to criminal offender record information maintained by the Department of Justice.

Agency Name

Agency Address

Agency Phone Number

Signature of Official

Printed Name of Official

Title of Official

Date

Please return the Request Form, Notification of ORI, Mail Code and/or Billing Number Assignment and Subscriber Agreement to:

Department of Justice
Applicant Processing Program-Live Scan Request
P.O. Box 903417
Sacramento, CA 94203-4170

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: 1. Type of Application: 2.
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: 3.

Agency Address Set Contributing Agency:

4. Agency authorized to receive criminal history information 5. Mail Code (five digit code assigned by DOJ)
Street No. Street or P.O. Box 6. Contact Name (Mandatory for all school submissions)
City State Zip Code () 7. Contact Telephone No.

Name of Applicant: 8.
(please print) Last First MI

Alias: Driver's License No. 9.
Last First Agency Billing Number (if applicable)

Date of Birth: Sex: Male Female Misc. No. 9.
Agency Billing Number (if applicable)

Height: Weight: Misc. No:

Eye Color: Hair Color: Home Address: 10.
Street or P.O. Box

Place of Birth: City, State and Zip Code

SOC:

Your Number: 11. Level of Service DOJ 12. FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. 13.

Employer: (Additional response for agencies specified by statute)

14.
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

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

**GUIDELINES FOR COMPLETING
"REQUEST FOR LIVE SCAN SERVICE FORM"**

CATEGORY	INSTRUCTION	COMMENT
1) ORI:	ENTER ASSIGNED AGENCY ORI CODE	MUST BE REQUESTED PRIOR TO SUBMITTING LIVE SCAN
2) TYPE OF APPLICATION:	ENTER TYPE OF APPLICATION	EXAMPLE: PEACE OFFICER, STATE EMPLOYEE, EMPLOYMENT, LICENSE
3) JOB TITLE OR TYPE OF LICENSE, CERTIFICATION OR PERMIT:	ENTER JOB TITLE OR TYPE OF LICENSE, CERTIFICATION OR PERMIT FOR WHICH THE APPLICANT IS APPLYING	IF APPLICANT IS A VOLUNTEER, ENTER VOLUNTEER
4) AGENCY ADDRESS SET CONTRIBUTING AGENCY:	ENTER AUTHORIZED AGENCY NAME, STREET ADDRESS OR P.O. BOX, CITY, STATE AND ZIP CODE	PLEASE PRINT OR ATTACH A PRE-PRINTED LABEL
5) MAIL CODE:	ENTER AGENCY'S UNIQUE 5 DIGIT MAIL CODE ASSIGNED BY DOJ	THIS CODE APPLIES TO THOSE AGENCIES WHO HAVE REQUESTED RESPONSES TO BE RETURNED BY ELECTRONIC MAIL OR FAX. MUST BE REQUESTED PRIOR TO SUBMITTING LIVE SCAN
6) CONTACT NAME:	CONTACT PERSON WITHIN THE AUTHORIZED AGENCY	THIS IS MANDATORY FOR APPLICANTS REQUIRING A CHILD ABUSE INDEX CHECK
7) CONTACT TELEPHONE NUMBER:	CONTACT PERSON'S PHONE NUMBER	THIS IS MANDATORY FOR APPLICANTS REQUIRING A CHILD ABUSE INDEX CHECK
8) NAME OF APPLICANT & PERSONAL DESCRIPTORS:	ENTER APPLICANT'S FULL NAME, ANY KNOWN ALIAS, DATE OF BIRTH, GENDER, HEIGHT, WEIGHT, EYE & HAIR COLOR, PLACE OF BIRTH, SOCIAL SECURITY NUMBER, DRIVER'S LICENSE NUMBER	
9) MISC NO. BIL:	ENTER AGENCY'S BILLING NUMBER	IF APPLICABLE. IF NOT A BILLABLE AGENCY APPLICANT SHOULD BE PREPARED TO PAY AT THE LIVE SCAN SITE
10) HOME ADDRESS:	ENTER APPLICANT'S HOME ADDRESS	THIS IS MANDATORY FOR APPLICANTS REQUIRING A CHILD ABUSE INDEX CHECK AND WHERE THE STATUTE REQUIRES A DUAL RESPONSE
11) YOUR NUMBER:	AGENCY IDENTIFYING NUMBER OR OCA NUMBER	IDENTIFYING NUMBERS YOUR AGENCY HAS ASSIGNED TO THIS APPLICANT (IF ANY)
12) LEVEL OF SERVICE:	CHECK THE BOX FOR DOJ (CALIF LEVEL OF SERVICE) AND/OR FBI (FEDERAL LEVEL OF SERVICE)	
13) ORIGINAL ATI NO.:	ONLY ENTER IF THIS IS A RE-SUBMISSION	
14) EMPLOYER:	ENTER ONLY IF A DUAL RESPONSE IS REQUIRED BY STATUTE	IF NOT REQUIRED BY STATUTE LEAVE BLANK

ORDER FORM

REQUEST FOR LIVE SCAN SERVICE - APPLICANT SUBMISSION

FORM BCII 8016/8016A

BY FAX: (916) 227-2000

BY PHONE: (916)322-2209
Press Option 7

**BY MAIL: DEPARTMENT OF JUSTICE
APPLICANT PROCESSING PROGRAM-LIVE SCAN REQUEST
P.O. BOX 903417
SACRAMENTO, CA 94203-4170**

PLEASE INCLUDE THE FOLLOWING INFORMATION:

AMOUNT ORDERED _____ (PLEASE LIMIT YOUR ORDER TO A 3 MONTH SUPPLY)

Agency Name: _____

Contact Person: _____

Mailing Address: _____

Street

City

State

Zip

Phone Number: _____

Date Requested: _____

FOR DOJ USE ONLY

DATE MAILED: _____