

**REQUEST FOR LIVE SCAN SERVICE**

BCI 8016 RR (11/09)

**Applicant Submission**

ORI: CA0349435  
Code assigned by DOJ

Type of Application:  Record Review  Foreign Adoption  
(Check One Only)



Record Review



Foreign Adoption

(Job Title) Reason for Application: \_\_\_\_\_

Agency Address Set Contributing Agency:

California Department of Justice

07041

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

P.O. Box 903417

Record Review Unit

Street No. Street or PO Box

Contact Name

Sacramento

CA

94203-4170

( 916 ) 227-3849

City

State

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 - \_\_\_\_\_

Agency Billing Number

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Applicant's Address:

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Street No.

Street or PO Box

Place of Birth: \_\_\_\_\_

City, State and Zip Code

Social Security Number: \_\_\_\_\_

Daytime Telephone Number

If resubmission, list Original ATI Number: \_\_\_\_\_

Level of Service:



DOJ Only

Foreign Government Embassy: (MANDATORY FOR FOREIGN ADOPTION REQUESTS ONLY)

Embassy Name

Street No.

Street or PO Box

City

Country

Zip Code

( ) Embassy Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_

Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed