STATE OF CALIFORNIA
BCII 8016
(orig. 4/01; rev. 6/09)

DEPARTMENT OF JUSTICE

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

A1300
ORI (Code assigned by DOJ)

License/Certification/Permit
Authorized Applicant Type

Cardroom Permit
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Marina Police Dept
Agency Authorized to Receive Criminal Record Information

00422
Mail Code (five-digit code assigned by DOJ)

211 Hillcrest Ave
Street Address or P.O. Box

MARIA ESPARZA
Contact Name (mandatory for all school submissions)

Marina — CA — 93933
City — State — ZIP Code

(831) 884-1293
Contact Telephone Number

### Applicant Information:

Last Name

First Name — Middle Initial — Suffix

Other Name (AKA or Alias) Last

First — Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height — Weight — Eye Color — Hair Color

Billing Number CUSTOMER PAY
(Agency Billing Number)

Place of Birth (State or Country) — Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City — State — ZIP Code

Your Number:
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

### Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ

Street Address or P.O. Box

City — State — ZIP Code

Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator — Date

Transmitting Agency — LSID — ATI Number — Amount Collected/Billed

ORIGINAL - Live Scan Operator — SECOND COPY - Applicant — THIRD COPY (if needed) - Requesting Agency