

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A0032 Type of Application: FIREWORKS

Code assigned by DOJ

Job Title or Type of License, Certification or Permit: LICENSE PYROTECHNIC OPERATOR

Agency Address Set Contributing Agency:

OFFICE OF THE STATE FIRE MARSHAL

Agency authorized to receive criminal history information

00193

Mail Code (five-digit code assigned by DOJ)

1131 S STREET

Street No. Street or PO Box

VON COSTA

Contact Name (Mandatory for all school submissions)

SACRAMENTO

CA

95814

City State Zip Code

(916) 445-8373

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 - 100089
Agency Billing Number

Height: Weight: Misc. Number:

Eye Color: Hair Color: Home Address: Street No. Street or PO Box

Place of Birth: City, State and Zip Code

Social Security Number:

Your Number: OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI Number:

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

() Agency Telephone No. (optional)

Live Scan Transaction Completed By: Name of Operator Date

Transmitting Agency ATI No. Amount Collected/Billed