STATE OF CALIFORNIA
BCIA 8016
(orig. 04/2001; rev. 01/2011)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Print Form Reset Form

Applicant Submission

CA0310500
ORI (Code assigned by DOJ)

ICE CREAM PERMIT
Authorized Applicant Type

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

Contributing Agency Information:

ROSEVILLE POLICE DEPARTMENT
Agency Authorized to Receive Criminal Record Information

05047
Mail Code (five-digit code assigned by DOJ)

1051 JUNCTION BLVD
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

ROSEVILLE | CA | 95678
City | State | ZIP Code

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 APPLICANT MUST PAY FEES
(Agency Billing Number)

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

Misc. Number N/A
(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