

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 RR (11/09)

**Applicant Submission**

ORI: CA0349435 Type of Application: Record Review Foreign Adoption  
Code assigned by DOJ (Check One Only)

(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