

**REQUEST FOR LIVE SCAN SERVICE**  
*Applicant Submission*

BCII 8016 (3/07)

ORI: <u>A0982</u> <small>Code assigned by DOJ</small>	Type of Application: <u>Permit</u>
Job Title or Type of License, Certification or Permit: <u>Massage</u>	
Agency Address Set Contributing Agency:	
<u>City of Rancho Mirage</u> <small>Agency authorized to receive criminal history information</small>	<u>00202</u> <small>Mail Code (five-digit code assigned by DOJ)</small>
<u>69825 Hwy 111</u> <small>Street No. Street or PO Box</small>	<u>Scott Morgan</u> <small>Contact Name (Mandatory for all school submissions)</small>
<u>Rancho Mirage, CA</u> <u>92270</u> <small>City State Zip Code</small>	<u>(760) 324-4511</u> <small>Contact Telephone No.</small>
Name of Applicant: _____ <small>(Please print) Last</small>	
_____	_____ <small>MI</small>
Alias: _____ <small>Last First</small>	Driver's License No: _____
Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL - _____ <small>Agency Billing Number</small>
Height: _____ Weight: _____	Misc. Number: _____
Eye Color: _____ Hair Color: _____	Home Address: _____
Place of Birth: _____	_____
Social Security Number: _____	_____ <small>City, State and Zip Code</small>
Your Number: _____ <small>OCA No. (Agency Identifying No.)</small>	Level of Service: <input type="checkbox"/> DOJ <input type="checkbox"/> FBI
If resubmission, list Original A TI Number: _____	
Employer: (Additional response for agencies specified by statute)	
Employer Name _____	
Street No. _____	Street or PO Box _____
_____	_____ <small>Mail Code (five digit code assigned by DOJ)</small>
City _____ State _____ Zip Code _____	( ) _____ <small>Agency Telephone No. (optional)</small>
Live Scan Transaction Completed By: _____	
_____	_____ <small>Name of Operator Date</small>
Transmitting Agency _____	ATI No. _____ Amount Collected/Billed _____