STATE OF CALIFORNIA – DEPARTMENT OF FINANICAL PROTECTION AND INNOVATION

REQUEST FOR LIVE SCAN SERVICE - APPLICANT SUBMISSION

DFPI-BDIA 8018 (Rev. 10-20)



ORI: A0334				_			
Code assigned by DOJ							
Job Title or Type of License, Certification, or Permit:							
Agency Address Set C	ontributing Agency:						
DEPARTMENT OF FINANCIAL PROTECTION AND INNOVATION			N <u>03918</u> Mail Code (five digit code assigned by DOJ)				
Agency authorized to re-	ceive criminal history inf	Mail Code (live digit code assigned by DOJ))				
2101 Arena Blvd			_	_			
Street			Contact Name				
SACRAMENTO, CA 95834		(866) 275-2677					
City Sta	ite Zip Code		Contact Telephone No.				
Name of Applicant:							
	Last *		First * MI				
Alias: Last	 Fii		Driver's License No.	_			
Date of Birth:*	Sex: Mal		Misc. NO. BIL-				
		; remale	Micro Nico	_			
Height:* —————	Weight:* 		Misc. No:	_			
Eye Color:*	Hair Color:		Home Address:*				
Place of Birth:*			Street or P.O. Box	_			
SOC:*			City, State and Zip Code	_			
			<u> </u>				
Your Number:		Level of Service: DOJ FBI					
OCA No. (Agency Identifying No.)							
If resubmission, list Orig	inal ATI No.						
Employer: (Additional res	sponse for agencies speci	fied by statute)					
Employer Name			_				
			_	_			
Street		Mail Code (five digit code assigned by DOJ)					
City State Zip Code		Agency Telephone No. (optional)					
Live Scan Transaction Completed by:			Date:				
Transmitting Agency	ATI		Amount Collected/Billed	_			

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ORI: A0334 Code assigned by DOJ	Type of Application:						
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Agency Address Set Contribution DEPARTMENT OF FINANCIAL P							
Agency authorized to receive crim	inal history information	 Mail Code (five digit code assigned by DOJ) 					
2101 Arena Blvd Street		Contact Name					
SACRAMENTO, CA	95834						
City State	Zip Code	(866) 275-2677 Contact Telephone No.					
Name of Applicant:							
	Last *	First * MI					
Alias: Last	 First	Driver's License No.					
Date of Birth:*	Sex: Male Female	Misc. NO. BIL-					
Height:* Wei	ght:*	Misc. No:					
Eye Color:* Hair	Color:	Home Address:*					
Place of Birth:*		Street or P.O. Box					
SOC:*		City, State and Zip Code					
Your Number:		Level of Service: DOJ FBI					
OCA No. (Agency Identifying No.)							
If resubmission, list Original ATI N							
Employer: (Additional response for	agencies specified by statute)						
Employer Name		_					
Street		Mail Code (five digit code assigned by DOJ)					
City State Zip Code		Agency Telephone No. (optional)					
Live Scan Transaction Completed	l by:	Date:					
Transmitting Agency	ATI No.	Amount Collected/Billed					

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DEPARTMENT OF FINA	NCIAL PROTECTION AND INNOVAT		ait and annianed by DO I)				
Agency authorized to rece	ive criminal history information	Mail Code (live di	git code assigned by DOJ)				
2101 Arena Blvd		_					
Street		Contact Name					
SACRAMENTO, CA		(866) 275-2677					
City State	e Zip Code	Contact Telephon	e No.				
Name of Applicant:							
	Last *	First *	MI				
Alias:		Driver's License No.					
Last	First	Misc. NO. BIL-					
Date of Birth:*	Sex: Male Female						
Height:*	Weight:* 	Misc. No:					
Eye Color:*	Hair Color:	Home Address:*					
Place of Birth:*			Street or P.O. Box				
SOC:*		City, State and Zip Code					
Your Number:		Level of Service:	DOJ FBI				
OCA No. (Agency Identifying No.) If resubmission, list Original ATI No.							
Employer: (Additional response for agencies specified by statute)							
Employer: (Additional resp	onse for agencies specified by statute,	1					
Employer Name							
Street		Mail Code (five dig	it code assigned by DOJ)				
City State	Zip Code	Agency Teler	phone No. (optional)				
Live Scan Transaction Co	mpleted by:		eate:				
	·						
Transmitting Agency			mount Collected/Billed				

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DFPI's Privacy Notice on Collection

DFPI Collects and Uses Personal Information: The DFPI collects the information requested on this form as authorized by California Code of Regulations (CCR) 260.211 (b)(1)(C)(2). The DFPI uses this information to conduct a criminal history record check. Use of the personal Information DFPI collects is subject to limitations contained in the Information Practices Act of 1977 and other applicable state and federal laws.

Providing Personal Information Is Mandatory: When providing information or documents, please do not include unrequested personal information such as a Social Security number, driver's license number, or financial information.

DFPI May Disclose Your Personal Information: We may share your personal information with State and Federal Regulators, and law enforcement agencies. Your personal information may also be disclosed:

- In response to a Public Records Act request, as allowed by the Information Practices Act.
- To another governmental agency as required by state or federal law.
- In response to a court order or administrative order, a subpoena or a search warrant.

Your Access to Your Personal Information: You may review the records maintained by DFPI that contain your personal information. To request access, contact: DFPI Privacy Officer, 2101 Arena Blvd, Sacramento, CA 95834, (866) 275-2677.