REQUEST FOR LIVE SCAN SERVICE - APPLICATION SUBMISSION

Transmitting Agency

LSID



Amount Collected/Billed

DFPI-CDDTL 8018 (Rev. 10-20) Applicant Submission A0334 **CDDTL 23005 FIN** ORI (Code assigned by DOJ) Authorized Applicant Type DEFERRED DEPOSIT TRANSACTION LAW LICENSE Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) **Contributing Agency Information:** 03918 DEPARTMENT OF FINANCIAL PROTECTION AND INNOVATION Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ) 320 WEST 4TH STREET, SUITE 750 Street Address or P.O. Box Contact Name (mandatory for all school submissions) LOS ANGELES CA 90013-2344 (866) 275-2677 State ZIP Code Contact Telephone Number Applicant Information: First Name Middle Initial Suffix Last Name Other Name: (AKA or Alias) Last Name First Name Suffix Male Female Date of Birth **Driver's License Number** Billing Number Height Weight Eye Color Hair Color (Agency Billing Number) Misc. Place of Birth (State or Country) Social Security Number Number (Other Identification Number) Home State ZIP Code Street Address or P.O. Box Address City I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights. Applicant Signature Date Your Number: Level of Service: DOJ (If the Level of Service indicates FBI, the fingerprints will be used to check OCA Number (Agency Identifying Number) the criminal history record information of the FBI.) If re-submission, list original ATI number: Original ATI Number (Must provide proof of rejection) Employer (Additional response for agencies specified by statute): **Employer Name** Street Address or P.O. Box Telephone Number (optional) City State ZIP Code Mail Code (five digit code assigned by DOJ) Live Scan Transaction Completed By: Name of Operator Date

ATI Number

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Applicant Submission								
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ORI (Code assigned by DOJ)			Authorized Applic	ant Type				
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Type of License/Certification/Permit		(Maximum 30 characters - i	f assigned by DOJ, use exact	title assigned)				
Contributing Agency Information		ECTION AND	ININION/ATION	03918				
DEPARTMENT OF FINAN Agency Authorized to Receive Criminal		ECTION AND	INNOVATION					
320 WEST 4TH STREET, SUITE 750			Mail Code (five-digit code assigned by DOJ)					
Street Address or P.O. Box			Contact Name (mar	ndatory for all school	submissions)			
LOS ANGELES	LOS ANGELES CA 90013-2344			(866) 275-2677				
City	State	ZIP Code	Contact Telephone Number					
Applicant Information:								
Last Name			First Name		Middle Initial	Suffix		
Other Name: (AKA or Alias)								
Last Name			First Name			- Suffix		
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Sex Male Female Date of Birth			Driver's License Number					
Bate of Bitti			Billing					
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Place of Birth (State or Country)	Social Security Nu	ımber	Misc. Number					
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Home Address Street Address or P.O. Box			City		State ZIP C	nde .		
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I have received and read	d the included P	Privacy Notice, Pr	rivacy Act Statem	ent, and Applica	ant's Privacy Rights.			
Applican	t Signature			Date				
Your Number:			Level of Service	e: DOJ				
OCA Number (Agency Identifying Number)			(If the Level of Service indicates FBI, the fingerprints will be used to check					
			the criminal history	record information of	the FBI.)			
If re-submission, list original AT		al ATI Number						
(Must provide proof of rejection)								
Employer (Additional response	for agencies spe	ecified by statute):						
Employer Name								
Street Address or P.O. Box				Telephone Number (optional)			
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Live Scan Transaction Complete	ea By:							
Name of Operator			Date					
Transmitting Agency	LSID		ATI Number		Amount Collected/Billed			

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Applicant Submission

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Type of License/Certification/Permit				evant title assigned				
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220 WEST ATH STREET	CHITE 750			,		,		
320 WEST 4TH STREET, SUITE 750 Street Address or P.O. Box			Contact Name (mandatory for all school	ol euhmissions)			
			Contact Name (mandatory for all school submissions)					
LOS ANGELES		3-2344						
City	State ZIP Co	ode	Contact Telepho	one Number				
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I have received and read	the included Privacy	Notice, Pr	ivacy Act State	ement, and Applic	cant's Privacy Rights			
Applicant	Signature			Date				
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OCA Number (Agency Iden	tifying Number)		(If the Level of Service indicates FBI, the fingerprints will be used to check					
			the criminal hist	ory record information of	of the FBI.)			
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Name of Operator			Date					
or operator			Date					
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Transmitting Agency	LSID		ATI Number		Amount 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 the California Financial Code section 17200, et seq. The DFPI uses this information to investigate the individual's background and qualifications associated with an applicant or a licensee. 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 Voluntary: You do no have to provide the personal information requested. If you do not want to provide personal information, such as your name, home address, or home telephone number, you may remain anonymous. However, we may not be able to contact you or help resolve your issue.

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 the Department of Justice's Identification and Information Branch, other federal, state or local law enforcement agencies, or a self-regulatory organization as authorized by law. 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.