

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

**Applicant Submission**

ORI: CA0500200 Type of Application: Permit  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Entertainment Permit

Agency Address Set Contributing Agency:

Modesto Police Department

Agency authorized to receive criminal history information

04999

Mail Code (five-digit code assigned by DOJ)

600 10th Street

Street No. Street or PO Box

Lt. Andrew Schlenker

Contact Name (Mandatory for all school submissions)

Modesto

CA

95354

City

State

Zip Code

( 209 ) 572-9500

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 -

Applicant Must Pay All Fees

Agency Billing Number

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Misc. Number: \_\_\_\_\_

Home Address:

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Street No.

Street or PO Box

Place of Birth: \_\_\_\_\_

City, State and Zip Code

Social Security Number: \_\_\_\_\_

Your Number: CA0500200

OCA No. (Agency Identifying No.)

Level of Service:  DOJ  FBI

If resubmission, list Original ATI

Number: \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No.

Street or PO Box

Mail Code (five digit code assigned by DOJ)

City

State

Zip Code

( )

Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_

Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed