

STATE OF CALIFORNIA – DEPARTMENT OF FINANCIAL PROTECTION AND INNOVATION
REQUEST FOR LIVE SCAN SERVICE – APPLICANT SUBMISSION
DFPI-BDIA 8018 (Rev. 03-25)



ORI: A0334 Type of Application: _____
Code assigned by DOJ _____
Job Title or Type of License, Certification, or Permit: _____

Agency Address Set Contributing Agency:

DEPARTMENT OF FINANCIAL PROTECTION AND INNOVATION 03918
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)
651 Bannon Street, Suite 300
Street Contact Name
SACRAMENTO, CA 95811 (866) 275-2677
City State Zip Code Contact Telephone No.

Name of Applicant: _____ Last * First * MI
Alias: _____ Driver's License No. _____
Last First
Date of Birth: * Sex: Male Female Misc. NO. BIL- _____
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 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 No. _____ Amount Collected/Billed _____

REQUEST FOR LIVE SCAN SERVICE – APPLICANT SUBMISSION

DFPI-BDIA 8018 (Rev. 03-25) Page 2 of 4

ORI: <u>A0334</u>	Type of Application: _____
Code assigned by DOJ	
Job Title or Type of License, Certification, or Permit: _____	

Agency Address Set Contributing Agency:

DEPARTMENT OF FINANCIAL PROTECTION AND INNOVATION		<u>03918</u>
Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)
<u>651 Bannon Street, Suite 300</u>		
Street		Contact Name
<u>SACRAMENTO, CA</u>	<u>95811</u>	<u>(866) 275-2677</u>
City	State	Contact Telephone No.
	Zip Code	

Name of Applicant: _____			
Last *	First *	MI	
Alias: _____		Driver's License No. _____	
Last	First		
Date of Birth: *	Sex: Male Female	Misc. NO. BIL- _____	
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 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 No.	Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE – APPLICANT SUBMISSION

DFPI-BDIA 8018 (Rev. 03-25) Page 3 of 4

ORI: A0334 Type of Application: _____
Code assigned by DOJ
Job Title or Type of License, Certification, or Permit: _____

Agency Address Set Contributing Agency:

<u>DEPARTMENT OF FINANCIAL PROTECTION AND INNOVATION</u>		<u>03918</u>
Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)
<u>651 Bannon Street, Suite 300</u>		
Street		Contact Name
<u>SACRAMENTO, CA</u>	<u>958311</u>	<u>(866) 275-2677</u>
City	State	Contact Telephone No.
	Zip Code	

Name of Applicant: _____
Last * First * MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: * _____ Sex: Male Female Misc. NO. BIL- _____

Height: * _____ Weight: * _____ Misc. No: _____

Eye Color: * _____ Hair Color: _____ Home Address: * _____
Street or P.O. Box

Place of Birth: * _____

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 Name

Street

City State Zip Code

Mail Code (five digit code assigned by DOJ)

Agency Telephone No. (optional)

Live Scan Transaction Completed by: _____ Date: _____

Transmitting Agency

ATI No.

Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE – APPLICANT SUBMISSION

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, 651 Bannan Street, Suite 300, Sacramento, CA 95811, (866) 275-2677.