

STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
GENERIC LIVE SCAN FORM



STATE OF CALIFORNIA
BCIA 8016
(Rev. 05/2018)

DEPARTMENT OF JUSTICE

Applicant Submission

REQUEST FOR LIVE SCAN SERVICE

Fingerprint Applicant Submission

CA0460000

ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Sierra County Sheriff's Office

Agency Authorized to Receive Criminal Record Information

PO Box 66

Street Address or P.O. Box

Downieville

City

CA

State

95936

ZIP Code

03245

Mail Code (five-digit code assigned by DOJ)

Autumn Barry

Contact Name (mandatory for all school submissions)

530-289-3700

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Name

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex Male Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing
Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.
Number

(Other Identification Number)

Home

Address Street Address

Years #:

Months #:

City

Phone #:

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

(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 ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

SCSO

Y64

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed