Applicant Submission

REQUEST FOR LIVE SCAN SERVICE BCII 8016 (3/07)

ORI: A1488 Type of Application: Registration	
Job Title or Type of License, Certification or Permit: Process Server	
Agency Address Set Contributing Agency: Orange County Clerk-Recorder Agency authorized to receive criminal history information 12 Civic Center Plaza, Room 106 Street No. Street or PO Box Santa Ana, CA 92701 City State Zip Code	00534 Mail Code (five-digit code assigned by DOJ) Room 106 Supervisor Contact Name (Mandatory for all school submissions) (714) 834-2500 Contact Telephone No.
Name of Applicant: (Please print) Last Alias: Last First Date of Birth: Sex: Male Female Height: Weight:	First MI Driver's License No: Misc. No. BIL - Agency Billing Number Misc. Number:
Eye Color: Hair Color: Place of Birth: Social Security Number:	Street No. Street or PO Box City, State and Zip Code
Your Number: 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	
	lail Code (five digit code assigned by DOJ)) gency Telephone No. (optional)
Live Scan Transaction Completed By: Name of Operator Date	
Transmitting Agency ATI No.	Amount Collected/Billed