

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u>A0334</u>	Type of Application: <u>FINANCE LENDER LICENSE 22101.5 FC</u>
<u>Code assigned by DOJ</u>	
Job Title or Type of License, Certification, or Permit: <u>FINANCE LENDER LICENSE</u>	

Agency Address Set Contributing Agency:	
<u>DEPARTMENT OF BUSINESS OVERSIGHT</u>	<u>03918</u>
<u>Agency authorized to receive criminal history information</u>	<u>Mail Code (five digit code assigned by DOJ)</u>
<u>320 WEST 4TH STREET, SUITE 750</u>	
<u>Street</u>	<u>Contact Name</u>
<u>LOS ANGELES, CA</u>	<u>(866) 275-2677</u>
<u>City State Zip Code</u>	<u>Contact Telephone No.</u>

Name of Applicant: _____	_____	_____	_____
	<u>Last *</u>	<u>First *</u>	<u>MI</u>
Alias: _____	_____	_____	_____
	<u>Last</u>	<u>First</u>	<u>Driver's License No.</u>
Date of Birth:* _____	Sex: <input type="radio"/> Male <input type="radio"/> Female	_____	_____
		<u>Misc. NO. BIL-</u>	_____
Height:* _____	Weight:* _____	_____	_____
		<u>Misc. No:</u>	_____
Eye Color:* _____	Hair Color: _____	_____	_____
		<u>Home Address:*</u>	_____
Place of Birth:* _____	_____	_____	<u>Street or P.O. Box</u>
SOC:* _____	_____	_____	_____
		_____	<u>City, State and Zip Code</u>

Your Number: _____	Level of Service: <input type="radio"/> DOJ <input type="radio"/> FBI
<u>OCA No. (Agency Identifying No.)</u>	
If resubmission, list Original ATI No. _____	

Employer: (Additional response for agencies specified by statute)	
DO NOT COMPLETE THIS SECTION	
<u>Employer Name</u>	
<u>Street</u>	
	<u>Mail Code (five digit code assigned by DOJ)</u>
<u>City State Zip Code</u>	<u>Agency Telephone No. (optional)</u>

Live Scan Transaction Completed by: _____	Date: _____	
_____	_____	
<u>Transmitting Agency</u>	<u>ATI No.</u>	<u>Amount Collected/Billed</u>

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<small>Code assigned by DOJ</small>	
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Agency Address Set Contributing Agency:

<u>DEPARTMENT OF BUSINESS OVERSIGHT</u>	<u>03918</u>		
Agency authorized to receive criminal history information	Mail Code (five digit code assigned by DOJ)		
<u>320 WEST 4TH STREET, SUITE 750</u>	_____		
Street	Contact Name		
<u>LOS ANGELES, CA</u>	<u>90013-2344</u>		
City	State	Zip Code	Contact Telephone No.
			<u>(866) 275-2677</u>

Name of Applicant: _____	_____	_____	_____
	Last *	First *	MI
Alias: _____	_____	_____	Driver's License No. _____
	Last	First	
Date of Birth:* _____	Sex: <input type="radio"/> Male <input type="radio"/> 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: <input type="radio"/> DOJ <input type="radio"/> FBI
<small>OCA No. (Agency Identifying No.)</small>	
If resubmission, list Original ATI No. _____	

Employer: (Additional response for agencies specified by statute)

DO NOT COMPLETE THIS SECTION

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 _____

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Job Title or Type of License, Certification, or Permit: FINANCE LENDER LICENSE

Agency Address Set Contributing Agency:

DEPARTMENT OF BUSINESS OVERSIGHT 03918
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

320 WEST 4TH STREET, SUITE 750
Street Contact Name

LOS ANGELES, CA 90013-2344 (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:* _____
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)
DO NOT COMPLETE THIS SECTION

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

DBO's Privacy Notice on Collection

DBO Collects and Uses Personal Information: The DBO collects the information requested on this form as authorized by Financial Code section 22101(b). The DBO uses this information to conduct a criminal history record check. Use of the personal Information DBO 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.

DBO 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 DBO that contain your personal information. To request access, contact: DBO Privacy Officer, 1515 K Street, Sacramento, CA 95814.

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ATI No.

Amount Collected/Billed
