

STATE OF CALIFORNIA –DEPARTMENT OF BUSINESS OVERSIGHT
REQUEST FOR LIVE SCAN SERVICE – APPLICANT SUBMISSION
 DBO-8016 (Rev. 4-18)



ORI: A0083 Type of Application: BANK LICENSE PER 379 FC
Code assigned by DOJ

Job Title or Type of License, Certification, or Permit: BANK OFFICER / DIRECTOR

Agency Address Set Contributing Agency:

Financial Institutions – Business Oversight 04899
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

One Sansome Street, Suite 600 Colin Grant Moser
Street Contact Name

San Francisco CA 94104-4428 (415) 263-8561
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- _____ N/A

Height:* _____ Weight:* _____ Misc. No: _____ N/A

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

Place of Birth:* _____
City, State and Zip Code

SOC:* _____

Your Number: _____ (name of licensee) Level of Service: DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

N/A
 Employer Name

N/A N/A
 Street Mail Code (five digit code assigned by DOJ)

N/A N/A
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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REQUEST FOR LIVE SCAN SERVICE – APPLICANT SUBMISSION
 DBO-8016 (Rev. 4-18) Page 2 of 5

ORI: A0083 Type of Application: Bank License Per 379 FC
Code assigned by DOJ

Job Title or Type of License, Certification, or Permit: Bank Officer / Director

Agency Address Set Contributing Agency:

Financial Institutions – Business Oversight 04899
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

One Sansome Street, Suite 600 Colin Grant Moser
Street Contact Name

San Francisco CA 94104-4428 (415) 263-8561
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- _____ N/A

Height:* _____ Weight:* _____ Misc. No: _____ N/A

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

Place of Birth:* _____

SOC:* _____ City, State and Zip Code

Your Number: _____ (name of licensee) Level of Service: DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)
N/A

Employer Name N/A N/A

Street Mail Code (five digit code assigned by DOJ)
N/A N/A

City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed by: _____ Date: _____

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ORI: A0083 Type of Application: Bank License Per 379 FC
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Job Title or Type of License, Certification, or Permit: Bank Officer / Director

Agency Address Set Contributing Agency:

<u>Financial Institutions – Business Oversight</u>	<u>04899</u>
Agency authorized to receive criminal history information	Mail Code (five digit code assigned by DOJ)
<u>One Sansome Street, Suite 600</u>	<u>Colin Grant Moser</u>
Street	Contact Name
<u>San Francisco CA 94104-4428</u>	<u>(415) 263-8561</u>
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- _____ N/A

Height:* _____ Weight:* _____ Misc. No: _____ N/A

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

Place of Birth:* _____
City, State and Zip Code

SOC:* _____

Your Number: _____ (name of licensee) Level of Service: DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)
N/A

<u>Employer Name</u>	<u>N/A</u>	<u>N/A</u>
Street	Mail Code (five digit code assigned by DOJ)	
<u>N/A</u>	<u>N/A</u>	
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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LIVE SCAN PROCESS INSTRUCTION FORM

Bank licensees/applicants must submit fingerprints using Live Scan, rather than fingerprint cards, if they're located in California. Live Scan is a system for the electronic submission of fingerprints and automated background checks.

STEP 1

Enter the following information on the Request for Live Scan Service Form. You only need to fill in the data on the first page of the Adobe Acrobat form and the information will automatically fill-in on the other pages.

1. Name of Applicant: Enter Last Name, First Name and Middle Name
2. Alias: Enter any aliases (including any maiden name)
3. Date of Birth
4. Sex
5. Height
6. Weight
7. Eye color
8. Hair color
9. Place of Birth
10. SOC: Enter Social Security Number
11. Driver's Licenses No. (Include the state if not California)
12. Home Address
13. Your Number: Please enter the name of the bank/licensee
14. Level of Services: Do nothing. DOJ and FBI are already checked
15. If resubmission, list Original ATI No.: List the original ATI No. supplied by the Live Scan operator when you originally submitted. Leave blank or write N/A if this is your original submission.

STEP 2

With three copies of the completed Live Scan Form, go to the nearest Live Scan site to have your fingerprints electronically submitted to the Department of Justice (DOJ).

You can get a listing of all Live Scan sites at <http://www.ag.ca.gov/fingerprints>
In the column on the right click on Public Live Scan Sites.

STEP 3

You must pay the Live Scan Operator a \$32 DOJ Processing Fee and a \$17 FBI processing Fee. In addition, you must pay the Live Scan Operator the Live Scan site Processing Fee. This fee, known as the rolling fee, is set by each Live Scan site.

STEP 4

Submit the second copy of the Live Scan Form received from the Live Scan site, signed by the Life Scan Operator and including the ATI number, to the Department of Business Oversight.

1515 K Street, Suite 200
Sacramento, CA 95814-4052
(916) 445-7205

One Sansome Street, Suite 600
San Francisco, CA 94104-4428
(415) 972-8565

320 West 4th Street, Suite 750
Los Angeles, CA 90013-2344
(213) 576-7500

1350 Front Street, Room 2034
San Diego, CA 92101-3697
(619) 525-4233

300 S. Spring Street, Suite 15513
Los Angeles, CA 90013
(213) 897-2085

7575 Metropolitan Drive, Suite 108
San Diego, CA 92108
(619) 682-7227

DBO's Privacy Notice on Collection

DBO Collects and Uses Personal Information: The DBO collects the information requested on this form as authorized by California Financial Code section 379 and Chapter 1 of Title 10 of the California Code of Regulations. The DBO uses this information to process applications related to entities authorized to engage in business under the Financial Institutions Law. 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 other federal and state financial institution regulators, the California Department of Justice, the Federal Bureau of Investigation, or any other law enforcement agency. 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, (866) 275-2677.