

STATE OF CALIFORNIA –DEPARTMENT OF BUSINESS OVERSIGHT
REQUEST FOR LIVE SCAN SERVICE – APPLICANT SUBMISSION
 DBO-CFL 8018 (Rev. 2-18)



ORI: A0334 Type of Application: CALIFORNIA FINANCING LAW LICENSE
Code assigned by DOJ

Job Title or Type of License, Certification, or Permit: CALIFORNIA FINANCING LAW 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 _____ ATI No. _____ Amount Collected/Billed _____

STATE OF CALIFORNIA –DEPARTMENT OF BUSINESS OVERSIGHT
REQUEST FOR LIVE SCAN SERVICE – APPLICANT SUBMISSION
DBO-CFL 8018 (Rev. 2-18) Page 2 of 4

ORI: A0334 Type of Application: CALIFORNIA FINANCING LAW LICENSE
Code assigned by DOJ
Job Title or Type of License, Certification, or Permit: CALIFORNIA FINANCING LAW 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
City State Zip Code (866) 275-2677
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 _____ ATI No. _____ Amount Collected/Billed _____

STATE OF CALIFORNIA -DEPARTMENT OF BUSINESS OVERSIGHT
REQUEST FOR LIVE SCAN SERVICE - APPLICANT SUBMISSION

DBO-CFL 8018 (Rev. 2-18) Page 3 of 4

ORI: A0334 Type of Application: CALIFORNIA FINANCING LAW LICENSE
Code assigned by DOJ
Job Title or Type of License, Certification, or Permit: CALIFORNIA FINANCING LAW 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 _____ ATI No. _____ Amount Collected/Billed _____

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 sections 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, (866) 275-2677.