REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 (Code assigned by DOJ)

Type of Application: Alarm Co Lic

Job Title or Type of License, Certification or Permit: ACO Alarm Company Operator

Agency Address Set Contributing Agency:

Bureau of Security & Investigative Services
Agency authorized to receive criminal history information

06078
Mail Code (five digit code assigned by DOJ)

P.O. BOX 989002
Street No. Street or P.O. Box

Licensing
Contact Name (Mandatory for all school submissions)

West Sacramento CA 95798-9002
City State Zip Code

(916) 322-4000
Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Last First

Driver's License No. _____

Date of Birth: _____ Sex: ☐ Male ☐ Female

Misc. No. **BIL-** N/A
Agency Billing Number (if applicable)

Height: _____ Weight: _____

Misc. No: _____

Eye Color: _____ Hair Color: _____

Home Address: _____
Street or P.O. Box

Place of Birth: _____

_____
City, State and Zip Code

SOC: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service ☒ DOJ ☒ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( )
Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator

Date: _____

Transmitting Agency

ATI No.

Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 (Code assigned by DOJ)

Type of Application: Alarm Co Lic

Job Title or Type of License, Certification or Permit: ACO Alarm Company Operator

Agency Address Set Contributing Agency:

Bureau of Security & Investigative Services
Agency authorized to receive criminal history information

06078
Mail Code (five digit code assigned by DOJ)

P.O. BOX 989002
Street No. Street or P.O. Box

Licensing
Contact Name (Mandatory for all school submissions)

West Sacramento CA 95798-9002
City State Zip Code

(916) 322-4000
Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Last First

Driver's License No. _____

Date of Birth: _____ Sex: ☐ Male ☐ Female

Misc. No. **BIL-** N/A
Agency Billing Number (if applicable)

Height: _____ Weight: _____

Misc. No: _____

Eye Color: _____ Hair Color: _____

Home Address: _____
Street or P.O. Box

Place of Birth: _____

_____
City, State and Zip Code

SOC: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service ☒ DOJ ☒ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( )
Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator

Date: _____

Transmitting Agency

ATI No.

Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 (Code assigned by DOJ)

Type of Application: Alarm Co Lic

Job Title or Type of License, Certification or Permit: ACO Alarm Company Operator

Agency Address Set Contributing Agency:

Bureau of Security & Investigative Services
Agency authorized to receive criminal history information

06078
Mail Code (five digit code assigned by DOJ)

P.O. BOX 989002
Street No. Street or P.O. Box

Licensing
Contact Name (Mandatory for all school submissions)

West Sacramento CA 95798-9002
City State Zip Code

(916) 322-4000
Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Last First

Driver's License No. _____

Date of Birth: _____ Sex: ☐ Male ☐ Female

Misc. No. **BIL-** N/A
Agency Billing Number (if applicable)

Height: _____ Weight: _____

Misc. No: _____

Eye Color: _____ Hair Color: _____

Home Address: _____
Street or P.O. Box

Place of Birth: _____

_____
City, State and Zip Code

SOC: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service ☒ DOJ ☒ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

( )
Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator

Date: _____

Transmitting Agency

ATI No.

Amount Collected/Billed

BUREAU OF SECURITY AND INVESTIGATIVE SERVICES
P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000
www.dca.ca.gov/bsis

ALARM COMPANY OPERATOR (ACO)
LIVE SCAN PROCESS INSTRUCTION FORM

Live Scan is a system for electronically submitting fingerprints used in background checks to the California Department of Justice and the FBI.

Simply follow these steps:

STEP 1

Fill out the following information on the pre-printed Live Scan form (BCII 8016), which can be obtained either from the Bureau or downloaded from the Bureau Web site at http://www.dca.ca.gov/bsis/live_scan_fingerp.htm:

1. Name of Applicant:	Enter the Last Name, First Name, and Middle Name.
2. Alias:	Enter any aliases (including any maiden name) of the applicant.
3. Date of Birth:	Enter the date of birth of the applicant.
4. Sex:	Enter the sex of the applicant.
5. Height:	Enter the height of the applicant.
6. Weight:	Enter the weight of the applicant.
7. Eye Color:	Enter the eye color of the applicant.
8. Hair Color:	Enter the hair color of the applicant.
9. Place of Birth:	Enter the place of birth of the applicant.
10. SOC:	Enter the applicant's Social Security number.
11. Driver's License No.:	Enter the applicant's Driver's License number, including the state.
12. Home Address:	Enter the applicant's home address.

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) and the Federal Bureau of Investigation (FBI).

NOTE: You can get a listing of all Live Scan sites at http://www.dca.ca.gov/bsis/livescan/live_scan_fingerp.htm or by contacting the Bureau at (916) 322-4000.

STEP 3

Pay the Live Scan Operator $56.00: $32.00 DOJ Fingerprint Processing Fee
$24.00 FBI Fingerprint Processing Fee

In addition, you must pay the Live Scan Operator the Live Scan site Processing Fee. The fee is set by each Live Scan site and can vary. The Bureau of Security and Investigative Services does not set the fee.

STEP 4

Submit the following to the Bureau:

1. The completed Alarm Company Operator application forms.
2. The second copy of the Live Scan Form (BCII 8016) received from the Live Scan site, signed by the Live Scan Operator, including the ATI number.
3. A check/money order for : $35.00 Alarm Company Application Fee

TOTAL **$35.00**

(Rev. 12/2005)