STATE OF CALIFORNIA
BCII 8016
(orig. 4/01; rev. 6/09)

Print | Clear Form

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AA648
ORI (Code assigned by DOJ)

Emerg Med Tech Lic/Cert
Authorized Applicant Type

Mobile Intesive Care Nurse (MICN)
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Kern County EMS Division
Agency Authorized to Receive Criminal Record Information

11987
Mail Code (five-digit code assigned by DOJ)

1800 Mt. Vernon Ave.
Street Address or P.O. Box

Jeff Fariss
Contact Name (mandatory for all school submissions)

Bakersfield
City

CA
State

93306
ZIP Code

(661)321-3000
Contact Telephone Number

Applicant Information:

Last Name

First Name | Middle Initial | Suffix

Other Name (AKA or Alias) Last

First | Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height | Weight | Eye Color | Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City | State | ZIP Code

Your Number: Leave this blank
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Mail Code (five digit code assigned by DOJ

City | State | ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency | LSID | ATI Number | Amount Collected/Billed

ORIGINAL - Live Scan Operator | SECOND COPY - Applicant | THIRD COPY (if needed) - Requesting Agency