

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: J16100 Type of Application: CHECK: DOJ and FBI

Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Guardianship Adoption Conservatorship or Name Change

Agency Address Set Contributing Agency:

Kings County Superior Court

06877

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

1426 South Drive

Contact Name (Mandatory for all school submissions)

Street No. Street or PO Box

Hanford

CA

93230

( 599 ) 582-1010 EXT 5050

City

State

Zip Code

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 -

APPLICANT MUST PAY

Agency Billing Number

Height:

Weight:

Misc. Number:

Home Address:

Eye Color:

Hair Color:

Street No.

Street or PO Box

Place of Birth:

City, State and Zip Code

Social Security Number:

Your Number: N/A

OCA No. (Agency Identifying No.)

Level of Service:

DOJ

FBI

If resubmission, list Original ATI

Number:

N/A

Employer: (Additional response for agencies specified by statute)

LEAVE THIS SECTION BLANK

Employer Name

Street No.

Street or PO 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