

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: CA0260000 Type of Application: Standard CCW Permit
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: CCW Permit

Agency Address Set Contributing Agency:
Mono County Sheriff 20519
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)
P.O. Box 616 Amber Weller
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
Bridgeport CA 93517 (760) 932-7549
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 - 140463
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: OCA No. (Agency identifying No.) Level of Service: DOJ FBI
If resubmission, list Original ATI
Number:

Employer: (Additional response for agencies specified by statute)
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