

**Credit Request – Applicant Live Scan Fingerprint Billing**

BCII 9006 (Orig. 10/07)

**DEPARTMENT OF JUSTICE  
APPLICANT LIVE SCAN FINGERPRINT BILLING  
CREDIT REQUEST**

Date:

**Agency Information:**

Agency Name

Customer/Billing #

Agency Address

Contact Name

Agency Phone #

Agency Fax #

**Reason for Requesting Credit:**

Duplicate Billing    Rejected Print    Incorrect Billing #    Unknown Applicant    Other

Applicant's Name

Billing Period

Applicant's Name

Billing Period

Applicant's Name

Billing Period

Applicant's Name

Billing Period

Applicant's Name

Billing Period

Applicant's Name

Billing Period

Applicant's Name

Billing Period

Applicant's Name

Billing Period

**\*\*Please also fax REQUEST FOR LIVE SCAN SERVICE, Form BCII 8016, if available\*\***

Additional Information:

**Fax credit request to:**

**Bureau of Criminal Identification and Information  
Operational Support Program  
(916) 227-1149**