STATE OF CALIFORNIA
BCIA/BOF 8016
(orig. 04/2001; rev. 08/2015)

REQUEST FOR LIVE SCAN SERVICE

Print Form Reset Form

Applicant Submission

CA0349400
ORI (Code assigned by DOJ)

POST CERTIFICATION (NON-SPONSORED 13511.5 PC)
Authorized Applicant Type

POST CERTIFICATION
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

DOJ/BUREAU OF FIREARMS
Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

P.O. BOX 820200
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

SACRAMENTO City | **CA** State | **94203-0200** ZIP Code

(916) 227-1375
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: 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

Employer (Additional response for agencies specified by statute):

DOJ/BUREAU OF FIREARMS
Employer Name

Mail Code (five digit code assigned by DOJ)

P.O. BOX 820200
Street Address or P.O. Box

SACRAMENTO **City** | **CA** **State** | **94203-0200** **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

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The Bureau of Firearms in the Department of Justice collects the information requested on this form as authorized by Penal Code section 13511. The Bureau of Firearms uses this information to conduct criminal background checks on applicants for specified POST training. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at http://oag.ca.gov/privacy-policy.

Providing Personal Information. All the personal information requested in the form must be provided. This form will not be processed for failure to provide all personal information requested.

Access to Your Information. You may review the records maintained by the Bureau of Firearms in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to conduct criminal background checks on applicants for specified POST training, we may need to share the information you give us with any peace officer or other person designated by the Attorney General upon request.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law;
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the Department of Justice, Bureau of Firearms at (916) 227-7527 or P.O. Box 820200, Sacramento, CA 94203-0200.