REQUEST FOR LIVE SCAN SERVICE

Print Form Reset Form

Applicant Submission

AB165
ORI (Code assigned by DOJ)

FIREARMS RECORD REVIEW
Authorized Applicant Type

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

Contributing Agency Information:

CALIFORNIA DEPARTMENT OF JUSTICE - RECORD REVIEW UNIT
Agency Authorized to Receive Criminal Record Information

RECORD REVIEW UNIT
Contact Name (mandatory for all school submissions)

P.O. BOX 903417
Street Address or P.O. Box

SACRAMENTO City
CA State
94203-4170 ZIP Code

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 **APPLICANT TO PAY FEES**
(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**

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

Original ATI Number

Designee (Optional for individual designated by applicant pursuant to Penal Code section 11124):

Designee Name
Telephone Number (optional)

Street Address or P.O. Box

City
State
ZIP Code

Live Scan Transaction Completed By:

Name of Operator
Date

Transmitting Agency
LSID
ATI Number
Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

(Instructions)

California Penal Code sections 11120 through 11127, and 30105 allows you to obtain a copy of your record, if any, contained in the files of the California Department of Justice and refute any erroneous or inaccurate information contained therein.

Beginning with live scan transactions submitted after April 6, 2006, the Department of Justice (DOJ) will only mail responses to you unless you complete the Designee portion on page 1 pursuant to Penal Code section 11124.

You may use the information you receive to answer questions regarding past criminal history, firearms eligibility, or to complete an application or questionnaire. However, no person or agency may require you to obtain a copy of your record or to furnish the information for any purpose, including immigration, visa, employment, licensing, or certification. (See California Penal Code sections 11125 and 30105.)

INSTRUCTIONS FOR COMPLETING THE "REQUEST FOR LIVESCAN SERVICE"

CATEGORY	INSTRUCTIONS	COMMENTS
Authorized Applicant Type:	Verify "Firearms Record Review" appears.	**This is a mandatory field and must be completed.**
Name of Applicant & Personal Descriptors:	Enter your full name, any known alias, date of birth, sex, height, weight, eye & hair color, place of birth, social security number and California driver's license number.	**Name, date of birth, and sex are mandatory fields and must be provided. All others are optional.**
Applicant Address:	Enter your home address.	**This is a mandatory field and must be completed.**
Daytime Telephone Number:	Enter the telephone number, including area code, where you can be reached between 8 a.m. and 5 p.m.	A telephone number is useful in helping to resolve problems which could result in a delay in processing your request.

AFTER COMPLETING THE "REQUEST FOR LIVE SCAN SERVICE" FORM

- Check your local telephone directory or contact your local police department or sheriff's office for a business or local law enforcement agency that offers "Live Scan" fingerprinting services, the fee charged by the business/agency for the Live Scan service, and the types of payment accepted. You can also view a current listing of Live Scan sites offering electronic fingerprinting services on the Attorney General's website at: http://ag.ca.gov/fingerprints/publications/contact.php
- Go to the Live Scan business/agency of your choice to have your fingerprints taken and pay all applicable fees, including the fingerprint rolling fee. Please ensure that any private fingerprinting service you select is certified by the California Department of Justice.
- If you have questions about completing the "Request for Live Scan Service" form (BOF 8016RR), please contact the Record Review Unit at (916) 227-3835.

REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information: The Division of Law Enforcement, Bureau of Firearms in the Department of Justice collects the information on this request pursuant to Penal Code sections 11122 and 11123. The Bureau of Firearms uses this information to process a person's request to obtain a copy of their criminal history record. 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 personal information on this request is mandatory. Failure to provide the mandatory personal information will result in your request not being processed.

Access to Your Information: You may review the records maintained by the Division of Law Enforcement, 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 process a person's request to obtain a copy of their criminal history record, we may need to share the information you provide us with any Bureau of Firearms representative or any other person designated by the Attorney General upon request. The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies when necessary to perform their legal duties, and their use of information is compatible and complies with state law, such as for investigations, licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information: For questions about this notice or access to your records, you may contact the Staff Services Analyst in the Customer Support Center at (916) 227-7527, via email at firearms.bureau@doj.ca.gov, or by mail at P.O. Box 903417, Sacramento, CA 94203-4170.