REQUEST FOR CORRECTION TO APPLICANT FINGERPRINT SUBMISSION

PLEASE ATTACH A COPY OF THE BCII 8016, REQUEST FOR LIVE SCAN SERVICE FORM

TRANSACTION INFORMATION **(MANDATORY)**

Submitting Agency ORI: _____ ATI No: _____

Submitting Agency Name: _____Transaction Date: _____

Applicant Name: _____ Applicant Date of Birth: _____

INFORMATION TO BE CORRECTED (Attach additional sheets if necessary)

Field: _____

Incorrect Information: _____

Correct Information: _____

Field: _____

Incorrect Information: _____

Correct Information: _____

Field: _____

Incorrect Information: _____

Correct Information: _____

REQUEST SUBMITTED BY

___ Transmitting Agency Agency Name:_____ LSID No. _____

Operator Name: _____ Certification No. _____

___ Submitting Agency Agency Name: _____

Contact Person Name: _____

Contact Person Telephone Number: _____

MAIL OR FAX TO California Department of Justice
Bureau of Criminal Identification and Information
Applicant Processing Program
PO Box 903417
Sacramento, CA 94203-4170

Fax: 916-227-2000

Telephone: 916-227-3823

BCII 8017 (REV 06/22/2004)

PRINT FORM

RESET FORM