



STATE OF CALIFORNIA
BCIA 8018SHDPB
(orig. 04/2001; rev. 05/2013)

APPLICANT TO PAY LAW ENFORCEMENT AGENCY THE \$300

\$32 FEE + ROLLING FEE

REQUEST FOR LIVE SCAN SERVICE
(Secondhand Dealer/Pawnbroker)

Applicant Submission

CA0349400

ORI (Code assigned by DOJ)

Secondhand Dealer Pawnbroker

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

LICENSE

Authorized Applicant Type

Contributing Agency Information:

DEPARTMENT OF JUSTICE

Agency Authorized to Receive Criminal Record Information

P.O. BOX 903387

Street Address or P.O. Box

SACRAMENTO

City

CA 94203-3870

State ZIP Code

05467

Mail Code (five-digit code assigned by DOJ)

SHDPB UNIT

Contact Name (mandatory for all school submissions)

Contact Telephone Number

Applicant Information:

Last Name

Other Name
(AKA or Alias) Last

Date of Birth Sex Male Female

Height Weight Eye Color Hair Color

Place of Birth (State or Country) Social Security Number

Home Address Street Address or P.O. Box

First Name Middle Initial Suffix

First Suffix

Driver's License Number

Billing Number BIL - Applicant to pay at Site
(Agency Billing Number)

Misc. Number
(Other Identification Number)

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

Employer (Additional response for agencies specified by statute):

N/A
Employer Name

N/A
Street Address or P.O. Box

N/A
City State ZIP Code

N/A
Mail Code (five digit code assigned by DOJ)

N/A
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed