

**CA Bureau of Security & Investigative Services
Alarm Agent w/Firearm Live Scan Request Form**

Applicant Submission

ORI: <u>A0522</u> <small>Code assigned by DOJ</small>	Type of Application: <u>Alarm Agent w/Firearm</u>
Job Title or Type of License, Certification or Permit: _____	

Agency Address Set Contributing Agency:		
<u>Bureau of Security & Investigative Services</u>		<u>06078</u>
<small>Agency authorized to receive criminal history information</small>		<small>Mail Code (five digit code assigned by DOJ)</small>
<u>P.O. BOX 989002</u>		<u>Licensing</u>
<small>Street No.</small>	<small>Street or P.O. Box</small>	<small>Contact Name (Mandatory for all school submissions)</small>
<u>West Sacramento CA</u>	<u>95798-9002</u>	<u>(916) 322-4000</u>
<small>City</small>	<small>State</small>	<small>Zip Code</small>
		<small>Contact Telephone No.</small>

Name of Applicant: <small>(please print)</small>		
<small>Last</small>	<small>First</small>	<small>MI</small>
Alias: _____	_____	Driver's License No. _____
<small>Last</small>	<small>First</small>	
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL- <u>N/A</u>
		<small>Agency Billing Number (if applicable)</small>
Height: _____	Weight: _____	Misc. No: _____
Eye Color: _____	Hair Color: _____	Home Address: _____
		<small>Street or P.O. Box</small>
Place of Birth: _____	_____	_____
		<small>City, State and Zip Code</small>
SOC: _____		

Your Number: _____	Level of Service
<small>OCA No. (Agency Identifying No.)</small>	<input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
If resubmission, list Original ATI No. _____	

Employer: (Additional response for agencies specified by statute)		
Employer Name _____		
<small>Street No.</small>	<small>Street or P.O. Box</small>	<small>Mail Code (five digit code assigned by DOJ)</small>
		<u>()</u>
<small>City</small>	<small>State</small>	<small>Zip Code</small>
		<small>Agency Telephone No. (optional)</small>

Live Scan Transaction Completed By: _____	Date: _____
<small>Name of Operator</small>	
Transmitting Agency _____	ATI No. _____
	<small>Amount Collected/Billed</small>