

REQUEST FOR LIVE SCAN SERVICE – APPLICATION SUBMISSION

DFPI-EL 8018 (Rev. 10-20)



Applicant Submission

A0334

ORI (Code assigned by DOJ)

ESCROW AGENTS LICENSE FC 17331

Authorized Applicant Type

ESCROW AGENTS LICENSE

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

Contributing Agency Information:

DEPT. OF FINANCIAL PROTECTION AND INNOVATION

Agency Authorized to Receive Criminal Record Information

03918

Mail Code (five-digit code assigned by DOJ)

320 WEST 4TH STREET, SUITE 750

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

LOS ANGELES

City

CA

State

90013-2344

ZIP Code

(866) 275-2677

Contact Telephone Number

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name: (AKA or Alias) _____

Last Name _____ First Name _____ Suffix _____

Sex Male Female

Date of Birth _____ 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 _____ City _____ State _____ ZIP Code _____
Street Address or P.O. Box

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

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

Employer (Additional response for agencies specified by statute):

ESCROW AGENTS' FIDELITY CORPORATION

Employer Name

11150 W. OLYMPIC BLVD. SUITE 840

Street Address or P.O. Box

(310) 477-0044

Telephone Number (optional)

LOS ANGELES

City

CA

State

90064

ZIP Code

10180

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____

STATE OF CALIFORNIA - DEPARTMENT OF FINANCIAL PROTECTION AND INNOVATION
REQUEST FOR LIVE SCAN SERVICE - APPLICATION SUBMISSION



DFPI-EL 8018 (Rev. 10-20) Page 2 of 4

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Middle Initial

Suffix

Other Name: (AKA or Alias)

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First Name

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Sex Male Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

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Home

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DFPI-EL 8018 (Rev. 10-20) Page 3 of 4

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320 WEST 4TH STREET, SUITE 750

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LOS ANGELES **CA** **90013-2344** **(866) 275-2677**

City State ZIP Code Contact Telephone Number

Applicant Information:

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(Agency Billing Number)

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Street Address or P.O. Box Telephone Number (optional)

LOS ANGELES **CA** **90064** **10180**
City State ZIP Code Mail Code (five digit code assigned by DOJ)

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Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed

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DFPI's Privacy Notice on Collection

DFPI Collects and Uses Personal Information: The DFPI collects the information requested on this form as authorized by the California Financial Code section 17200, et seq. The DFPI uses this information to investigate the individual's background and qualifications associated with an applicant or a licensee. Use of the personal Information DFPI collects is subject to limitations contained in the Information Practices Act of 1977 and other applicable state and federal laws.

Providing Personal Information Is Voluntary: You do not have to provide the personal information requested. If you do not want to provide personal information, such as your name, home address, or home telephone number, you may remain anonymous. However, we may not be able to contact you or help resolve your issue.

When providing information or documents, please do not include unrequested personal information such as a Social Security number, driver's license number, or financial information.

DFPI May Disclose Your Personal Information: We may share your personal information with the Department of Justice's Identification and Information Branch, other federal, state or local law enforcement agencies, or a self-regulatory organization as authorized by law. Your personal information may also be disclosed:

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

Your Access to Your Personal Information: You may review the records maintained by DFPI that contain your personal information. To request access, contact: DFPI Privacy Officer, 2101 Arena Blvd, Sacramento, CA 95834, (866) 275-2677.