

STATE OF CALIFORNIA –DEPARTMENT OF BUSINESS OVERSIGHT  
**REQUEST FOR LIVE SCAN SERVICE – APPLICANT SUBMISSION**  
 DBO-CFL 8018 (Rev. 2-18)



ORI: A0334 Type of Application: CALIFORNIA FINANCING LAW LICENSE  
Code assigned by DOJ

Job Title or Type of License, Certification, or Permit: CALIFORNIA FINANCING LAW LICENSE

**Agency Address Set Contributing Agency:**

DEPARTMENT OF BUSINESS OVERSIGHT 03918  
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

320 WEST 4<sup>TH</sup> STREET, SUITE 750  
Street Contact Name

LOS ANGELES, CA 90013-2344 (866) 275-2677  
City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
Last \* First \* MI

Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First

Date of Birth:\* \_\_\_\_\_ Sex: Male Female Misc. NO. BIL- \_\_\_\_\_

Height:\* \_\_\_\_\_ Weight:\* \_\_\_\_\_ Misc. No: \_\_\_\_\_

Eye Color:\* \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address:\* \_\_\_\_\_  
Street or P.O. Box

Place of Birth:\* \_\_\_\_\_

SOC:\* \_\_\_\_\_ City, State and Zip Code

Your Number: \_\_\_\_\_ Level of Service: DOJ FBI  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_

**Employer:** (Additional response for agencies specified by statute)

**DO NOT COMPLETE THIS SECTION**

Employer Name \_\_\_\_\_

Street \_\_\_\_\_ Mail Code (five digit code assigned by DOJ)

City State Zip Code \_\_\_\_\_ Agency Telephone No. (optional)

Live Scan Transaction Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

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City State Zip Code (866) 275-2677  
Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
Last \* First \* MI  
Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First  
Date of Birth:\* \_\_\_\_\_ Sex: Male Female Misc. NO. BIL- \_\_\_\_\_  
Height:\* \_\_\_\_\_ Weight:\* \_\_\_\_\_ Misc. No: \_\_\_\_\_  
Eye Color:\* \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address:\* \_\_\_\_\_  
Street or P.O. Box  
Place of Birth:\* \_\_\_\_\_  
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Employer Name \_\_\_\_\_  
Street \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_  
City State Zip Code \_\_\_\_\_ Agency Telephone No. (optional) \_\_\_\_\_

Live Scan Transaction Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

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Last \* First \* MI  
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Last First  
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 Eye Color:\* \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address:\* \_\_\_\_\_  
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### **DBO's Privacy Notice on Collection**

**DBO Collects and Uses Personal Information:** The DBO collects the information requested on this form as authorized by Financial Code sections 22101(b). The DBO uses this information to conduct a criminal history record check. Use of the personal Information DBO collects is subject to limitations contained in the Information Practices Act of 1977 and other applicable state and federal laws.

**Providing Personal Information Is Mandatory:** 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.

**DBO May Disclose Your Personal Information:** We may share your personal information with State and Federal Regulators, and law enforcement agencies. 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 DBO that contain your personal information. To request access, contact: DBO Privacy Officer, 1515 K Street, Sacramento, CA 95814, (866) 275-2677.