

REQUEST FOR LIVE SCAN SERVICE – APPLICATION SUBMISSION

DFPI-CDDTL 8018 (Rev. 03-25)



Applicant Submission

A0334

ORI (Code assigned by DOJ)

CDDTL 23005 FIN

Authorized Applicant Type

DEFERRED DEPOSIT TRANSACTION LAW LICENSE

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

Contributing Agency Information:

DEPARTMENT 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 Street Address or P.O. Box

City

State

ZIP Code

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

(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):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

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

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Applicant Submission

A0334 **CDDTL 23005 FIN**
ORI (Code assigned by DOJ) Authorized Applicant Type

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

Contributing Agency Information:
DEPARTMENT OF FINANCIAL PROTECTION AND INNOVATION **03918**
Agency Authorized to Receive Criminal Record Information 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 **CA** **90013-2344** **(866) 275-2677**
City State ZIP Code 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 Street Address or P.O. Box City State ZIP Code

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Applicant Signature Date

Your Number: _____ Level of Service: DOJ
OCA Number (Agency Identifying Number) (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):
Employer Name
Street Address or P.O. Box Telephone Number (optional)
City State ZIP Code 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

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A0334

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CDDTL 23005 FIN

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Sex Male Female

Date of Birth

Driver's License Number

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Name of Operator

Date

Transmitting Agency

LSID

ATI Number

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REQUEST FOR LIVE SCAN SERVICE – APPLICANT SUBMISSION

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, 651 Bannon Street, Suite 300, Sacramento, CA 95811, (866) 275-2677.