# ${\tt STATE\ OF\ CALIFORNIA-DEPARTMENT\ OF\ FINANCIAL\ PROTECTION\ AND\ INNOVATION}$

# **REQUEST FOR LIVE SCAN SERVICE - APPLICATION SUBMISSION**

DFPI-CFL 8018 (Rev. 03-25)



Applicant Submission

Applicant Submission							
A0334			FINANCE LENDER 22101.5 FC				
ORI (Code assigned by DOJ)			Authorized Applicant Type				
CALIFORNIA FINANCINO	GIAWLICE	NSF					
Type of License/Certification/Permi			assigned by DOL use	exact title assigned)			
		(maximum oo onarasisis m		onact time accignical			
Contributing Agency Information							
<b>DEPT. OF FINANCIAL PROTECTION AND INNOVATION</b>			I 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 Teleph				
			Contact Teleph				
Applicant Information:							
Last Name		_	First Name		Middle Initial	Suffix	
0.1. N. (A.K. A.II. )							
Other Name: (AKA or Alias)							
Last Name			First Name			Suffix	
Last Name			riist Name			Sullix	
Sex	x Male F	emale					
Date of Birth			Driver's Licens	e Number			
			Billing				
Height Weight	Eye Color	Hair Color	Number				
rieight weight	Lye Coloi	Tiali Coloi	(Agenc	y Billing Number)			
			Misc.				
Place of Birth (State or Country)	Social Security Nu	umber	Number				
			(Other I	dentification Number)			
Home							
Address Street Address or P.O. Box			City		State ZIP Cod	de	
					" D' D' L'		
I have received and read	d the included F	Privacy Notice, Pri	vacy Act Stat	tement, and Applic	ant's Privacy Rights.		
Annlinan	t Cianatura	,		Data			
Applican	t Signature			Date			
Your Number:			Level of Ser	vice: DOJ	FBI		
					e fingerprints will be used to ch	book	
OCA Number (Agency Ide	ntifying Number)			tory record information o		IECK	
If we are business are list a visited AT	T marked and			,	,		
If re-submission, list original AT (Must provide proof of rejection		al ATI Number					
(Must provide proof of rejection	)	ar / ( ) / ( ar					
Employer (Additional response	for agencies spe	ecified by statute):					
. , , , , , , , , , , , , , , , , , , ,		,					
DO NOT COMPLETE THIS SE	ECTION						
Employer Name							
Street Address or P.O. Box				Telephone Number (	(ontional)		
Officer Address of 1.0. Box				relephone (valuber)	(optional)		
0''			710.0				
City		State	ZIP Code	Mail Code (five digit	code assigned by DOJ)		
Live Scan Transaction Complete	ed 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-CFL 8018 (Rev. 03-25) Page 2 of 4



Applicant Submission

A0334		FINANCE LENDER 22101.5 FC Authorized Applicant Type				
ORI (Code assigned by DOJ)	Authorize					
CALIFORNIA FINANCING LAW LICENSE						
Type of License/Certification/Permit OR Working Title (Maximum 30 cha	aracters - if assigned by DOJ	, use exact title assigned)				
Contributing Agency Information:						
DEPT. OF FINANCIAL PROTECTION AND INNOVA		03918				
Agency Authorized to Receive Criminal Record Information	Mail Code	Mail Code (five-digit code assigned by DOJ)				
320 WEST 4TH STREET, SUITE 750	<u> </u>					
Street Address or P.O. Box	Contact Na	Contact Name (mandatory for all school submissions)				
LOS ANGELES CA 90013-2		4 (866) 275-2677				
City State ZIP Code	Contact Te	ephone 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 Lic	cense Number				
	Billing					
Height Weight Eye Color Hair Color	Number _			_		
,	()	gency Billing Number)				
Place of Birth (State or Country) Social Security Number	Misc. Number					
Social Security Number	_	ther Identification Number)				
Home						
Address Street Address or P.O. Box	City		State ZIP C	ode		
I have received and read the included Privacy Noti	ce Privacy Act 9	Statement and Applic	ant's Privacy Rights			
,, ,, ,	,	, a				
Applicant Signature		Date				
Your Number:	Level of	Service: DOJ	FBI			
OCA Number (Agency Identifying Number)	(If the Leve	l of Service indicates FBI, th	ne fingerprints will be used to	check		
	the crimina	history record information of	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 sta	atute):					
	,					
DO NOT COMPLETE THIS SECTION						
Employer Name						
Street Address or P.O. Box		Telephone Number	(optional)			
City State	ZIP Code	Mail Code (five digit	code assigned by DOJ)			
	ZIF Code	iviali Code (live digit	. code assigned by DOJ)			
Live Scan Transaction Completed By:						
Name of Operator	 Date					
- Carrier Cr. Opolation	Date					
Transmitting Agency LSID	ATI Numbe	er	Amount Collected/Billed			

### STATE OF CALIFORNIA – DEPARTMENT OF FINANCIAL PROTECTION AND INNOVATION

# **REQUEST FOR LIVE SCAN SERVICE - APPLICATION SUBMISSION**

DFPI-CFL 8018 (Rev. 03-25) Page 3 of 4



Applicant Submission

A0334			FINANCE LENDED 20404 5 FO				
ORI (Code assigned by DOJ)			FINANCE LENDER 22101.5 FC Authorized Applicant Type				
CALIFORNIA FINANCIN	G I AW LICEI	NSF					
Type of License/Certification/Permi			assigned by DOJ, use	exact title assigned)			
Contributing Agency Information	า:						
DEPT. OF FINANCIAL PRO		D INNOVATION	03918				
Agency Authorized to Receive Criminal Record Information				-digit code assigned by D	OJ)		
320 WEST 4TH STREET	SUITE 750				,		
Street Address or P.O. Box	, 00		Contact Name	(mandatory for all school	submissions)		
LOS ANGELES CA 90013-234			(866) 275-2677				
City	State	ZIP Code	Contact Teleph				
Applicant Information:							
Last Name			First Name		Middle Initial	Suffix	
Other Name: (AKA or Alias)							
Last Name			First Name			Suffix	
Se	x Male F	emale					
Date of Birth			Driver's Licens	e Number			
			Billing				
Height Weight	Eye Color	Hair Color	Number	y Billing Number)			
			Misc.	,g			
Place of Birth (State or Country)	Social Security Nu	ımber	Number				
			(Otner i	dentification Number)			
Home Address Street Address or P.O. Box			City		State ZIP Co	nde	
			•				
I have received and rea	d the included F	Privacy Notice, Pri	vacy Act Stat	tement, and Applica	ant's Privacy Rights.		
Applicar	nt Signature			Date			
Your Number:			Level of Ser	vice: DOJ	FBI		
OCA Number (Agency Identifying Number)					e fingerprints will be used to o	check	
	, ,			tory record information of			
If re-submission, list original AT		LATINI					
(Must provide proof of rejection	) Origina	al ATI Number					
Employer (Additional response	for agencies spe	ecified by statute):					
DO NOT COMPLETE THIS SI Employer Name	ECTION						
Zimpleyel Hame							
Street Address or P.O. Box				Telephone Number (	optional)		
					, ,		
City		State	ZIP Code	Mail Code (five digit of	code assigned by DOJ)		
Live Scan Transaction Complet	ed 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 - APPLICANT SUBMISSION

DFPI-CFL 8018 (Rev. 03-25) Page 4 of 4

### **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 no 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.