STATE OF CALIFORNIA – DEPARTMENT OF FINANCIAL PROTECTION AND INNOVATION

REQUEST FOR LIVE SCAN SERVICE - APPLICATION SUBMISSION

DFPI-EL 8018 (Rev. 10-20)



Applicant Submission

A0334			ESCROW	AGENTS LICENSE	FC 17331		
ORI (Code assigned by DOJ)			Authorized Applicant Type				
ESCROW AGENTS LICE							
Type of License/Certification/Permi		(Maximum 30 characters - if	assigned by DOJ, us	e exact title assigned)			
Contributing Agency Information							
DEPT. OF FINANCIAL PRO Agency Authorized to Receive Criminal		D INNOVATION	Mail Code (five-digit code assigned by DOJ)				
			Mail Code (IIV	e-digit code assigned by	DO3)		
320 WEST 4TH STREET, SUITE 750 Street Address or P.O. Box			Contact Name (mandatory for all school submissions)				
LOS ANGELES	CA	90013-2344					
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	x Male F	emale					
Date of Birth			Driver's Licen	se Number			
			Billing				
Height Weight	Eye Color	Hair Color	Number	ncy Billing Number)			
			Misc.	isy Emmig (vanissi)			
Place of Birth (State or Country)	Social Security Nu	ımber	Number	Identification Number)			
			(Outo	racrumeation racriber)			
HomeAddress Street Address or P.O. Box			City		State ZIP	Code	
I have received and rece	d tha included F	Drive av Natica Dri	vaav Aat Ota	stamont and Applia	ant'a Drivaay Diabta		
I have received and read	a the included P	rivacy Notice, Pri	vacy Act Sta	петепі, апо Аррії	cant's Privacy Rights.		
Applican	it Signature			Date			
Your Number:			Level of Se	rvice: DOJ	FBI		
OCA Number (Agency Identifying Number)				ne fingerprints will be used to	check		
			the criminal hi	story record information of	of the FBI.)		
If re-submission, list original AT (Must provide proof of rejection)		al ATI Number					
(Must provide proof of rejection)) ————————————————————————————————————						
Employer (Additional response	for agencies spe	ecified by statute):					
ESCROW AGENTS' FIDELITY	/ CORPORATIO)N					
Employer Name							
11150 W. OLYMPIC BLVD. SU	JITE 840			(310) 477-0044			
Street Address or P.O. Box				Telephone Number			
LOS ANGELES		CA	90064	10180			
City		State	ZIP Code	Mail Code (five digit	t code assigned by DOJ)		
Live Scan Transaction Complete	ed By:						
Name of Operator			Date				
Name of Operator			Date				
Transmitting Agency	LSID		ATI Number		Amount Collected/Billed		

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Applicant Submission							
A0334			ESCROW AGENTS LICENSE FC 17331				
ORI (Code assigned by DOJ)			Authorized Applicant Type				
ESCROW AGENTS LICENSE							
Type of License/Certification/Permit OR Wo	orking Title	(Maximum 30 characters - if	assigned by DOJ, use e	exact title assigned)			
Contributing Agency Information:							
DEPT. OF FINANCIAL PROTECT	ION AN	D INNOVATION	03918				
Agency Authorized to Receive Criminal Record I				digit code assigned by DO	J)		
320 WEST 4TH STREET, SUIT	E 750						
Street Address or P.O. Box			Contact Name (mandatory for all school submissions)				
LOS ANGELES	CA	90013-2344	(866) 275-				
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 Ma	ale F	emale	Driver's License	Numbor			
Date of Billi				e Number			
Height Weight Eye Co	olor	Hair Color	Billing Number				
rieigit Weight Lye of	ЛОІ	Tall Color	(Agency	Billing Number)			
Place of Birth (Obstaces Occupators)			Misc.				
Place of Birth (State or Country) Social	Security Nu	ımber	Number (Other lo	lentification Number)			
Address Street Address or P.O. Box			City		State ZIP C	ode	
			-				
I have received and read the in	cluded P	Privacy Notice, Pri	vacy Act State	ement, and Applican	it's Privacy Rights.		
Applicant Signature				Date			
Your Number:			Level of Serv	rice: DOJ	FBI		
						ob o ok	
OCA Number (Agency Identifying Num	iber)			Service indicates FBI, the fi ory record information of the		cneck	
If re-submission, list original ATI number	er.			•	,		
(Must provide proof of rejection)	Origina	al ATI Number					
Employer (Additional response for age	ncies spe	ecified by statute):					
ESCROW AGENTS' FIDELITY CORF	PORATIO)N					
Employer Name	0101110	/1 4					
11150 W. OLYMPIC BLVD. SUITE 84	.0			(310) 477-0044			
Street Address or P.O. Box				Telephone Number (op	tional)		
LOS ANGELES		CA	90064	10180	•		
City			ZIP Code	Mail Code (five digit co	de assigned by DOJ)		
Live Scan Transaction Completed By:					· ,		
Name of Operator			Date				
Transmitting Agency LSID			ATI Number	Aı	mount Collected/Billed		

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Applicant Submission							
A0334			ESCROW AGENTS LICENSE FC 17331				
ORI (Code assigned by DOJ)			Authorized Ap	oplicant Type			
ESCROW AGENTS LICENSE		- /					
Type of License/Certification/Permit OR V	vorking litte	Maximum 30 characters - if	assigned by DOJ, use	exact title assigned)			
Contributing Agency Information:							
DEPT. OF FINANCIAL PROTECT Agency Authorized to Receive Criminal Record		<u>D INNOVATI</u> ON	03918		D		
ů,			Mail Code (five	-digit code assigned by DO	J)		
320 WEST 4TH STREET, SUITE 750 Street Address or P.O. Box			Contact Name (mandatory for all school submissions)				
			(866) 275-2677				
LOS ANGELES City	CA State	90013-2344 ZIP Code	Contact Telephone Number				
Applicant Information:			- Comact recept				
Last Name			First Name		Middle Initial	Suffix	
Other Name: (AKA or Alias)							
Last Name			First Name			Suffix	
Sex 🗀	Male F	- emale					
Date of Birth			Driver's Licens	e Number			
			Billing				
Height Weight Eye	Color	Hair Color	Number(Agend	y Billing Number)			
			Misc.				
Place of Birth (State or Country)	al Security Nเ	ımber	Number	dentification Number)			
			(5.1.5)	uonimounon riumbon,			
Address Street Address or P.O. Box			City		State ZIP C	ode	
I have received and read the	أمماييطمط الت	Drive av Natica Dri	-	toment and Annlicen	t'a Drivaay Diabta		
I have received and read the	included F	Privacy Notice, Pri	vacy Act Sta	tement, and Applicar	it's Privacy Rights.		
Applicant Signature				Date			
Your Number:			Level of Ser	vice: DOJ	FBI		
OCA Number (Agency Identifying N	lumber)			Service indicates FBI, the fi		check	
			the criminal his	tory record information of the	ne FBI.)		
If re-submission, list original ATI num	ber: Origin	al ATI Number					
(Must provide proof of rejection)	Origini	al ATT Number					
Employer (Additional response for ag	gencies spe	ecified by statute):					
ESCROW AGENTS' FIDELITY COF		NI.					
Employer Name	KEOKATIC	ZIN					
11150 W. OLYMPIC BLVD. SUITE 8	340			(310) 477-0044			
Street Address or P.O. Box				Telephone Number (op	tional)		
LOS ANGELES		CA	90064	10180			
City		State	ZIP Code	Mail Code (five digit co	de assigned by DOJ)		
Live Scan Transaction Completed By	:						
Name of Operator			Date				
Transmitting Agency			ATIA: :		mount Collected/Dilled		
Transmitting Agency LSID			ATI Number	Ai	mount Collected/Billed		

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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, 2101 Arena Blvd, Sacramento, CA 95834, (866) 275-2677.