

**INSTRUCTIONS FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE**

**STEP 1 – COMPLETE THE REQUEST FOR LIVE SCAN SERVICE FORM (BCII 8016) AS FOLLOWS:**

**Job Title or Type of License, Certification or Permit:** Enter only **one** of the license or certification types listed below. If you are applying for more than one license or certification or any combination thereof, please submit a photocopy of your live scan request form with each additional application.

Funeral Establishment  
Funeral Director  
Embalmer  
Apprentice Embalmer  
Cemetery Broker  
Cemetery Salesperson

Certificate of Authority  
Cemetery Manager  
Crematory  
Crematory Manager  
Cremated Remains Disposer

**Name of Applicant:** Enter your Last Name, First Name, and Middle Name. Do not use initials or name abbreviations.  
**Alias:** Enter all other names you have used, including your maiden name.  
**Driver’s License No.** Enter your Driver’s License Number, including the State.  
**DOB:** Enter your date of birth (month/day/year).  
**Sex:** Enter your gender (male or female).  
**HT:** Enter your height in feet and inches.  
**WT:** Enter your weight in pounds.  
**Eye Color:** Enter the color of your eyes.  
**Hair Color:** Enter the color of your hair.  
**Place of Birth:** Enter your place of birth (City and State, or Country).  
**SOC:** Enter your Social Security Number.  
**Home Address:** Enter your residence address.

**STEP 2 – VISIT YOUR NEAREST LIVE SCAN SITE**

Take three copies of the completed Live Scan Request Form to your nearest Live Scan site. You can get a listing of Live Scan Sites at: (<http://ag.ca.gov/fingerprints/publications/contact.pdf>). Check the listing for hours of operation, appointment requirements, and acceptable forms of payment.

**STEP 3 – PAY ALL REQUIRED FEES**

Pay the Live Scan operator:               \$32.00 DOJ Fingerprint Processing Fee  
  \$17.00 FBI Fingerprint Processing Fee  
**TOTAL:                                       \$49.00 Processing Fee**

In addition, you must pay a Live Scan service processing fee. Service fees vary by location and the Bureau does not set the price.

**STEP 4 – SUBMIT PAPERWORK TO THE CEMETERY AND FUNERAL BUREAU**

Submit the following to the Cemetery and Funeral Bureau, P.O. Box 989003, West Sacramento, CA 95798-9003:

- 1) A completed application for licensure or certification, the application fee, and any other required documents.
- 2) The second copy of the Request for Live Scan Service Form (BCII8016) received from the Live Scan site, signed by the Live Scan Operator, including the ATI number.

**REQUEST FOR LIVE SCAN SERVICE**

**Applicant Submission**

ORI: A0557 Type of Application: License or Certification  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

Cemetery and Funeral Bureau

06538

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

1625 North Market Blvd., Suite S-208

Licensing Unit

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Sacramento

CA

95834

(916) 574-7870

City

State

Zip Code

Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(please print) Last First MI

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

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. **BIL-** Applicant Must Pay  
Agency Billing Number (if applicable)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No: N/A

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

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

SOC: \_\_\_\_\_

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)

N/A

Employer Name

N/A

N/A

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

N/A

( ) N/A

City State Zip Code

Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: A0557 Type of Application: License or Certification  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

Cemetery and Funeral Bureau

06538

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

1625 North Market Blvd., Suite S-208

Licensing Unit

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Sacramento

CA

95834

(916) 574-7870

City

State

Zip Code

Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(please print) Last First MI

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

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. **BIL-** Applicant Must Pay  
Agency Billing Number (if applicable)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No: N/A

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

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

SOC: \_\_\_\_\_

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)

N/A

Employer Name

N/A

N/A

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

N/A

( ) N/A

City State Zip Code

Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: A0557 Type of Application: License or Certification  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

Cemetery and Funeral Bureau

06538

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

1625 North Market Blvd., Suite S-208

Licensing Unit

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Sacramento

CA

95834

(916) 574-7870

City

State

Zip Code

Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(please print) Last First MI

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

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. **BIL-** Applicant Must Pay  
Agency Billing Number (if applicable)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No: N/A

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

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

SOC: \_\_\_\_\_

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)

N/A

Employer Name

N/A

N/A

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

N/A

( ) N/A

City State Zip Code

Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed



## NOTICE ON COLLECTION OF PERSONAL INFORMATION

### Collection and Use of Personal Information

The Cemetery and Funeral Bureau of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 30, 144, 7617.1, 7618, 7619, 7620, 7628, 7642, 7643, 7661, 7662, 7665, 7667, 9650, 9650.2, 9650.3, 9700, 9701, 9702.1, 9704, 9715, 9715.1, 9716, 9723, 9723.1, 9741, 9745, 9746, 9781, 9787.3 and the Information Practices Act. The Cemetery and Funeral Bureau uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

### Mandatory Submission

Submission of the requested information is mandatory unless otherwise noted on the form. The Cemetery and Funeral Bureau cannot consider your application for licensure or renewal unless you provide all of the requested information.

### Access to Personal Information

You may review the records maintained by the Cemetery and Funeral Bureau that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

### Possible Disclosure of Personal Information

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by State or Federal law; or,
- In response to a court or administrative order, a subpoena, or a search warrant.

### Contact Information

For questions about this notice or access to your records, you may contact the Custodian of Records, Cemetery and Funeral Bureau at 1625 North Market Boulevard, Suite S-208, Sacramento, CA 95834, by phone at (916) 574-7870, or by e-mail at [emailcfb@dca.ca.gov](mailto:emailcfb@dca.ca.gov). For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by e-mail at [dca@dca.ca.gov](mailto:dca@dca.ca.gov).