

Credit Request – Applicant Live Scan Fingerprint Billing

BCII 9006 (Orig. 10/07)

**DEPARTMENT OF JUSTICE
APPLICANT LIVE SCAN FINGERPRINT BILLING
CREDIT REQUEST**

Date:

Agency Information:

Agency Name

Customer/Billing #

Agency Address

Contact Name

Agency Phone #

Agency Fax #

Reason for Requesting Credit:

Duplicate Billing Rejected Print Incorrect Billing # Unknown Applicant Other

Applicant's Name

Billing Period

Applicant's Name

Billing Period

Applicant's Name

Billing Period

Applicant's Name

Billing Period

Applicant's Name

Billing Period

Applicant's Name

Billing Period

Applicant's Name

Billing Period

Applicant's Name

Billing Period

****Please also fax REQUEST FOR LIVE SCAN SERVICE, Form BCII 8016, if available****

Additional Information:

Fax credit request to:

**Bureau of Criminal Identification and Information
Operational Support Program
(916) 227-1149**