



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1570 Volunteer
ORI (Code assigned by DOJ) Authorized Applicant Type

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

Contributing Agency Information:

Catholic School Department 03358
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)
2110 Broadway Mara Valdovinos
Street Address or P.O. Box Contact Name (mandatory for all school submissions)
Sacramento CA 95818 (916) 733-0237
City State ZIP Code Contact Telephone Number

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____
Other Name (AKA or Alias) Last _____ First _____ Suffix _____
Date of Birth _____ Sex Male Female Driver's License Number _____
Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number _____
Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number _____
Home Address Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____
(Agency Billing Number)
(Other Identification Number)

Your Number: ST. FRANCIS OF ASSISI ELEMENTARY Level of Service: DOJ FBI
OCA Number (Agency Identifying Number) SACRAMENTO (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 _____ Mail Code (five digit code assigned by DOJ) _____
Street Address or P.O. Box _____
City _____ State _____ ZIP Code _____ Telephone Number (optional) _____

Live Scan Transaction Completed By

Name of Operator _____ Date _____
Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____