



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

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

Volunteer
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 Mirna Idefonso
Street Address or P.O. Box Contact Name (mandatory for all school submissions)

Sacramento CA 95818 9167330237
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 Male Female

Date of Birth Driver's License Number

Height Weight Eye Color Hair Color
Billing Number

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number
Misc. Number

(Other Identification Number)

Home City State ZIP Code
Address Street Address or P.O. Box

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature Date

Your Number: CSD020 St. Ignatius, Sacramento Level of Service: DOJ FBI
OCA Number (Agency Identifying Number) (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: Original ATI Number
(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed