



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 Sandra Canenguez
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 _____ (Agency Billing Number) _____
Home Address Street Address or P.O. Box _____ Misc. Number _____
City _____ State _____ ZIP Code _____ (Other Identification Number) _____

Your Number: St. Ignace School Level of Service: DOJ FBI
OCA Number (Agency Identifying Number)

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 _____