

The 'Request for Live Scan Form' is on the second page of this document.

Fill in the Applicant Information Section and make 2 copies of the original. The live scan operator will keep the original, 1 copy will be for St. Francis Elementary, and 1 copy will be for the diocese.

To find where Live Scan fingerprinting services are available in your county go to:

<http://ag.ca.gov/fingerprints/publications/contact.php> .

Questions may be directed to (916) 733-0237.



### 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 \_\_\_\_\_ 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 ELEM. Level of Service:  DOJ  FBI  
OCA Number (Agency Identifying Number)

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 \_\_\_\_\_ 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 \_\_\_\_\_