



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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number		
Height	Weight	Eye Color	Hair Color	
Place of Birth (State or Country)	Social Security Number		Billing Number (Agency Billing Number)	
Home Address Street Address or P.O. Box			Misc. Number (Other Identification Number)	
	City	State	ZIP Code	

Your Number: St. Mary School
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI
(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