



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

A2733 \_\_\_\_\_ 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:

Roman Catholic Bishop of Sacramento \_\_\_\_\_ 08893  
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 \_\_\_\_\_ First \_\_\_\_\_ Suffix \_\_\_\_\_  
(AKA or Alias) Last  
Date of Birth \_\_\_\_\_ Sex  Male  Female \_\_\_\_\_  
Driver's License Number \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
Billing \_\_\_\_\_  
Number \_\_\_\_\_ (Agency Billing Number)  
Misc. \_\_\_\_\_  
Number \_\_\_\_\_ (Other Identification Number)  
Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home \_\_\_\_\_  
Address Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Your Number: St. John the Baptist, Folsom 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 \_\_\_\_\_