

## REQUEST FOR LIVE SCAN SERVICE

Applicant Submission		
A2733 ORI (Code assigned by DOJ)	Volunteer 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 Street Address cr P.O. Box	Karen Meza	
	Contact Name (mandatory for all school submissions)	
Sacramento CA State ZIP Code	(916) 733-0237 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(Agency Billing Number)	<u></u>
Place of Birth (State or Country) Social Security Number	Misc. Number (Other Identification Number)	_
Home Address Street Address or P.O. Box	City	State ZIP Code
Your Number: St. Dominics Church OCA Number (Agency Identifying Number) Benicia	Level of Service: X DOJ FI	31
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	sadarananak:
Street Address or P.O. Box		
City State ZIP Code	Telephone Number (optional)	and its months of the second o
Live Scan Transaction Completed By	7 : 8	
Name of Operator	Date	
Transmitting Agency LSID	ATI Number Amount	Collected/Billed