



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A2733
ORI (Code assigned by DOJ) Volunteer
Authorized Applicant Type
Volunteer
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
Agency Authorized to Receive Criminal Record Information
08893
Mail Code (five-digit code assigned by DOJ)
2110 Broadway
Street Address or P.O. Box
Mirna Idefonso
Contact Name (mandatory for all school submissions)
Sacramento CA 95818
City State ZIP Code
9167330237
Contact Telephone Number

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____
Other Name: (AKA or Alias) _____
Last Name _____ First Name _____ Suffix _____
Sex Male Female
Date of Birth _____ 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)

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature _____

Date _____

Your Number: SP 65
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 **ST. JOSEPH MARELLO PARISH**
7200 Auburn Folsom Road
Street Address or P.O. Box **Granite Bay, CA 95746** Telephone Number (optional)
City _____ State _____ ZIP Code _____ Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator _____ Date _____
Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____