

REQUEST FOR LIVE SCAN SERVICE

**PARISH
FORM**

Return 1 copy of completed form to

ARCHDIOCESE OF SAN FRANCISCO + OFFICE OF CHILD & YOUTH PROTECTION
One Peter Yorke Way + San Francisco, CA 94109 + Fax: 415.614.5658

APPLICANT SUBMISSION

Applicant Type: (check)

ORI: A2783

Volunteer

Position for which you are applying: _____

Contributing Agency Information:

The Archdiocese of San Francisco

07047

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

One Peter Yorke Way

Rev. Charles Puthota, Ph.D.

Street Address

Contact Name

San Francisco, CA 94109

415.614.5504

City State Zip Code

Contact Telephone Number

APPLICANT INFORMATION

Last Name

First Name

Middle Initial Suffix

Other Names (AKAs/Maiden) Last

First

Suffix

Date of Birth Sex: Male Female

CA Driver's License or State ID Number

Height Weight Eye Color Hair Color

Billing #: **DO NOT BILL AGENCY**

Place of Birth (State / Country) Social Security Number

Misc # **NONE**

Home Address Street or P.O. Box

City State Zip Code

Your Parish: _____
Where you've applied to work or volunteer (Operator: Transmit as OCA)

Parish Location: _____
City County

Level of Service: **BOTH** DOJ AND FBI

Resubmissions must provide proof of rejection and list Original ATI Number: _____

NO ADDITIONAL EMPLOYER RESPONSE OR AGENCIES SPECIFIED BY STATUTE

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected

APPLICANT INSTRUCTIONS

- Take TWO ② copies of this COMPLETED form to your LiveScan appointment
- The LiveScan Operator will certify the transaction by completing bottom section and return ONE ① copy to you.
- Make TWO ② copies of THE CERTIFIED FORM and distribute ONE ① copy to each of the following:

① Requesting Parish ② Keep one for future verification.