

# REQUEST FOR LIVE SCAN SERVICE

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

SCHOOLS

Return 1 copy of completed form to:

## APPLICANT SUBMISSION

Authorized Applicant Type: (check one)

ORI: A0842

Employment

Volunteer

Position for which you are applying: \_\_\_\_\_

## Contributing Agency Information:

The Archdiocese of San Francisco

00761

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 \_\_\_\_\_

Sex:  Male  Female

Date of Birth \_\_\_\_\_

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 School \_\_\_\_\_  
Where you've applied to work or volunteer (Operator: Transmit as OCA)

School 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

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 School    ② Keep one for future verification.