



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A3003

EMPLOYEE

ORI (Code assigned by DOJ)

Authorized Applicant Type

Parish/School Diocesan Site

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

DIOCESE OF OAKLAND

01051

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

2121 Harrison Street

Carmen Alvarez

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Oakland

CA 94612

510-267-8343

City State ZIP Code

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 140662 (Agency Billing Number)

Place of Birth (State or Country) Telephone Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Level of Service: DOJ FBI

If re-submission, list original ATI number: (Must provide proof of rejection)

Original ATI Number

DIOCESAN SITE INFORMATION: (VENDOR PLEASE TYPE THIS NAME IN THE OCA POSITION)

Parish/School Site:

City

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed