



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: AA846

**VOLUNTEER**

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**

**Diana Bitz**

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

**Oakland**

**CA 94612**

**510-267-8315**

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)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Telephone Number

City

State

ZIP Code

Home

Address Street Address or P.O. Box

### Level of Service

**DOJ ONLY**

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