



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A5748
ORI (Code assigned by DOJ)

EMPLOYEE
Authorized Applicant Type

DEACON
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 Santa Rosa
Agency Authorized to Receive Criminal Record Information

00758
Mail Code (five-digit code assigned by DOJ)

P.O. Box 1297
Street Address or P.O. Box

Julie Sparacio
Contact Name (mandatory for all school submissions)

Santa Rosa CA 95402
City State ZIP Code

(707) 566-3308
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 (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: OCA Number (Agency Identifying Number)

Level of Service: DOJ 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

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed