

# REQUEST FOR LIVE SCAN SERVICE

## ARCHDIOCESE OF SAN FRANCISCO

Office of Child and Youth Protection  
One Peter Yorke Way, San Francisco, CA 94109

SCHOOLS

### 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

Misc # \_\_\_\_\_

NONE

Place of Birth (State/Country) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home \_\_\_\_\_

Address Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Your School \_\_\_\_\_

School Location: \_\_\_\_\_

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

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.