



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0589
ORI (Code assigned by DOJ)

VOLUNTEER
Authorized Applicant Type

(What they will do for school)
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

OFFICE OF CATHOLIC EDUCATION
Agency Authorized to Receive Criminal Record Information

1510 N. FRESNO STREET
Street Address or P.O. Box

FRESNO CA 93703
City State ZIP Code

01056
Mail Code (five-digit code assigned by DOJ)

FRANCES A. AMORUSO
Contact Name (mandatory for all school submissions)

(559) 493-2851
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

Height _____ Weight _____ Eye Color _____ Hair Color _____

Place of Birth (State or Country) _____ Social Security Number _____

Home Address Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____

Driver's License Number _____

Billing Number _____ (Agency Billing Number)

Misc. Number _____ (Other Identification Number)

Your Number: 42 ST. ANN/RIDGECREST
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 _____