



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

07639

Mail Code (five-digit code assigned by DOJ)

1510 N. FRESNO STREET

Street Address or P.O. Box

FRANCES A. AMORUSO

Contact Name (mandatory for all school submissions)

FRESNO

City

CA State

93703 ZIP Code

5594932851

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex Male Female

Date of Birth

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

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: 42 ST.ANN/RIDGECREST

OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City State ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed