



### REQUEST FOR LIVE SCAN SERVICE

**Applicant Submission**

**A5748** \_\_\_\_\_ **VOLUNTEER** \_\_\_\_\_  
ORI (Code assigned by DOJ) Authorized Applicant Type  
**PARISH** \_\_\_\_\_ **VOLUNTEER** \_\_\_\_\_  
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** \_\_\_\_\_ **00758** \_\_\_\_\_  
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)  
**PO Box 1297** \_\_\_\_\_ **Julie Sparacio** \_\_\_\_\_  
Street Address or P.O. Box Contact Name (mandatory for all school submissions)  
**Santa Rosa** \_\_\_\_\_ **CA** **95402** \_\_\_\_\_ **(707) 566-3308** \_\_\_\_\_  
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 \_\_\_\_\_  
Place of Birth (State or Country) \_\_\_\_\_ Social Security Number Misc. Number \_\_\_\_\_  
Home Address Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
(Agency Billing Number)  
(Other Identification Number)

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 \_\_\_\_\_