



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AJ506
ORI (Code assigned by DOJ)

Employee / Volunteer (Circle) Church Name: _____
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

The Diocese of San Joaquin
Agency Authorized to Receive Criminal Record Information

19943
Mail Code (five-digit code assigned by DOJ)

1300 E. Shaw Ave., Suite 123
Street Address or P.O. Box

Christina Pestana
Contact Name (mandatory for all school submissions)

Fresno CA 93710
City State ZIP Code

5592444828
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: N/A
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: _____
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

N/A
Employer Name

N/A N/A
Street Address or P.O. Box Telephone Number (optional)

N/A N/A
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