



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A2733 \_\_\_\_\_ Volunteer \_\_\_\_\_  
 ORI (Code assigned by DOJ) \_\_\_\_\_ Authorized Applicant Type \_\_\_\_\_  
**Holy Trinity Parish** \_\_\_\_\_  
 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 Sacramento \_\_\_\_\_ 08893 \_\_\_\_\_  
 Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
 2110 Broadway \_\_\_\_\_ Sandra Canenguez \_\_\_\_\_  
 Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions) \_\_\_\_\_  
 Sacramento \_\_\_\_\_ CA 95818 \_\_\_\_\_ (916) 733-0237 \_\_\_\_\_  
 City \_\_\_\_\_ State ZIP Code \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_

#### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 Other Name \_\_\_\_\_ First \_\_\_\_\_ Suffix \_\_\_\_\_  
 (AKA or Alias) Last \_\_\_\_\_  
 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 \_\_\_\_\_

Your Number: \_\_\_\_\_ Level of Service:  DOJ  FBI  
OCA Number (Agency Identifying Number)

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 \_\_\_\_\_