

The 'Request for Live Scan Form' is on the second page of this document.

Fill in the Applicant Information Section and make 2 copies of the original. The live scan operator will keep the original, 1 copy will be for St. Francis Elementary, and 1 copy will be for the diocese.

To find where Live Scan fingerprinting services are available in your county go to: <http://ag.ca.gov/fingerprints/publications/contact.php>. Questions may be directed to (916) 733-0237.



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

A1570  
ORI (Code assigned by DOJ)

Volunteer  
Authorized Applicant Type

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

### Contributing Agency Information:

Catholic School Dept.  
Agency Authorized to Receive Criminal Record Information

03358  
Mail Code (five-digit code assigned by DOJ)

2110 Broadway  
Street Address or P.O. Box

Dom Puglisi  
Contact Name (mandatory for all school submissions)

Sacramento CA 95818-2541  
City State ZIP Code

(916) 733-0110  
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 N/A  
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number N/A  
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: St. Francis Elementary  
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):

N/A  
Employer Name

N/A  
Mail Code (five digit code assigned by DOJ)

N/A  
Street Address or P.O. Box

N/A N/A N/A  
City State ZIP Code

Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed