

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

SECTION I

ORI: A3004 Type of Application: SCHOOL HELPER/VOLUNTEER
Code Assigned by DOJ

Job Title or Type of License, Certification or Permit: SCHOOL HELPER

Agency Address Set Contributing Agency:
 DIOCESE OF SAN BERNARDINO 01173
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

 1201 E. HIGHLAND AVENUE
Street No. Street or PO Box Contract Name (Mandatory for all school submissions)

 SAN BERNARDINO CA 92404 (909) 475-5175
City State Zip Code Contact Telephone No.

SECTION II

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. **BIL** - _____
Agency Billing Number

Height: _____ Weight: _____ Misc. No.: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or PO Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

SECTION III

Your Number: 1531 Level of Service DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____