

**REQUEST FOR LIVE SCAN SERVICE
ARCHDIOCESE OF SAN FRANCISCO**

Office of Child and Youth Protection
One Peter Yorke Way, San Francisco, CA 94109



Answer All Questions • Use Ink • Print Clearly

APPLICANT SUBMISSION

Applicant Type: (check one)
 Employment Volunteer

ORI: A2783

Position for which you are applying: _____

Contributing Agency Information: The Archdiocese of San Francisco 07048

Agency Authorized to Receive Criminal Record Information One Peter Yorke Way Mail Code (five-digit code assigned by DOJ) Office of Child and Youth Protection

Street Address San Francisco, CA 94109 415.614.5500

City State Zip Code

APPLICANT INFORMATION

Name _____
Last Name First Name Middle Initial Suffix

Other _____
Names (AKA/Maiden) Last Name First Name Middle Initial Suffix

Date of Birth _____ Sex: Male Female CA Driver's License or State ID Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing #: DO NOT BILL AGENCY

Place of Birth (State/Country) _____ Social Security Number _____ Misc #: NONE

Home _____
Address Street Address or P.O. Box City State Zip Code

Your Parish: _____
Where you've applied to work or volunteer (Operator: Transmit as OCA) Parish Location: _____
City County

Level of Service: BOTH DOJ AND FBI

Resubmissions must provide proof of rejection and list Original ATI Number: _____

Live Scan Transaction Completed By: _____

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected _____

APPLICANT INSTRUCTIONS

- Take TWO ② copies of this **COMPLETED** form and a **Valid ID** to your Live Scan appointment
- The Live Scan Operator will certify the transaction by completing bottom section and return ONE ① copy to you
- Make TWO ② copies of THE CERTIFIED FORM and distribute ONE ① copy to each of the following:
① Requesting Parish ② Keep one for future verification