



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: AA846

VOLUNTEER

ORI (Code assigned by DOJ)

Authorized Applicant Type

Parish/School Diocesan Site

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

Contributing Agency Information:

DIOCESE OF OAKLAND

29251

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

2121 Harrison Street

Diana Bitz

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Oakland

CA 94612

510-267-8315

City State ZIP Code

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 **140662**

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Telephone Number

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Level of Service

DOJ ONLY

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

DIOCESAN SITE INFORMATION: (VENDOR PLEASE TYPE THIS NAME IN THE OCA POSITION)

Parish/School Site:

City

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed