REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: A6109 Type of Application: (Put either Employee or Volunteer)

Job Title or Type of License, Certification or Permit: (Put the title of the person's function in the parish)

Agency Address Set Contributing Agency:

DIOCESE OF SAN BERNARDINO
Agency authorized to receive criminal history information

07398
Mail Code (five digit code assigned by DOJ)

1201 EAST HIGHLAND AVE
Street No. Street or PO Box

PAULA GARCIA
Contact Name (Mandatory for all school submission)

SAN BERNARDINO CA 92404
City State Zip Code

909 475-5175
Contact Telephone No.

Name of Applicant: _____
(Please print) Last Name Mi

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

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

Height: _____ Weight: _____ Misc. No. N/A

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

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: **Parish Entity*****important**
OCA No. (Agency Identifying No.)

Level of Service ☑ DOJ ☑ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statue)

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: _____

Transmitting Agency ATI No. Amount Collected/Billed

BCII 8016 (Rev04/01) **ORIGINAL-**Live Scan Operator**; SECOND COPY-Requesting Agency; THIRD COPY-Applicant**
(The School keeps this copy) (The Person keeps this copy)

SAMPLE