

**REQUEST FOR LIVE SCAN SERVICE**  
**Applicant Submission**

ORI: <u>A6109</u> Type of Application: <u>(Put either Employee or Volunteer)</u>	
Job Title or Type of License, Certification or Permit: <u>(Put the title of the person's function in the parish)</u>	
Agency Address Set Contributing Agency:	
<u>DIOCESE OF SAN BERNARDINO</u> Agency authorized to receive criminal history information	<u>07398</u> Mail Code (five digit code assigned by DOJ)
<u>1201 EAST HIGHLAND AVE</u> Street No. Street or PO Box	<u>PAULA GARCIA</u> Contact Name (Mandatory for all school submission)
<u>SAN BERNARDINO CA 92404</u> City State Zip Code	<u>909 475-5175</u> Contact Telephone No.
Name of Applicant: _____ (Please print) Last Name Mi	
Alias: _____ Driver's License No. _____ Last First	
Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc.No. <b>BIL-</b> <u>N/A</u> Agency Billing Number
Height: _____ Weight: _____	Misc. No. <u>N/A</u>
Eye Color: _____ Hair Color: _____	Home Address: _____ Street or PO Box
Place of Birth: _____	_____ City, State and Zip Code
SOC: _____	
Your Number: <u>Parish Entity****important</u> OCA No. (Agency Identifying No.)	Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
If resubmission, list Original ATI No. _____	
Employer: (Additional response for agencies specified by statute)	
Employer Name _____	
<u>Street No. Street or PO Box</u>	<u>Mail Code (five digit code assigned by DOJ)</u>
<u>City State Zip Code</u>	<u>( )</u> Agency Telephone No. (optional)
Live Scan Transaction Completed By: _____ Date: _____	
<u>Transmitting Agency</u>	<u>ATI No.</u> <u>Amount Collected/Billed</u>