

REQUEST FOR LIVE SCAN SERVICE Applicant Submission

ORI: A3004 Type of Application: (Put either Employee or Volunteer)
 Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:
DIOCESE OF SAN BERNARDINO
 Agency authorized to receive criminal history information
 1201 EAST HIGHLAND AVE
 Street No. Street or PO Box
SAN BERNARDINO CA 92404
 City State Zip Code
 Mail Code (five digit code assigned by DOJ)
PAULA GARCIA
 Contact Name (Mandatory for all school submission)
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-** _____
 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: _____

Your Number: School Entity***important
 OCA No. (Agency Identifying No.)
 If resubmission, list Original ATI No. _____
 Level of Service DOJ FBI

Employer: (Additional response for agencies specified by statute)
 Employer Name
 Street No. Street or PO Box
 City State Zip Code
 Mail Code (five digit code assigned by DOJ)
 ()
 Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
 Transmitting Agency ATI No. Amount Collected/Billed