

REQUEST FOR LIVE SCAN SERVICE

ARCHDIOCESE OF SAN FRANCISCO

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

PARISH

Answer All Questions • Use Ink • Print Clearly

APPLICANT SUBMISSION

ORI: A2783

Applicant Type: (check one)

☐

Employment

☐

Volunteer

Position for which you are applying: _____

Contributing Agency Information:

The Archdiocese of San Francisco

07047

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

One Peter Yorke Way

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 _____

Billing #: DO NOT BILL AGENCY

Height _____ Weight _____ Eye Color _____ Hair Color _____

Misc # NONE

Place of Birth (State/Country) _____ Social Security Number _____

City _____ State _____ Zip Code _____

Home _____
Address Street Address or P.O. Box

Parish Location: _____
City _____ County _____

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

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