

REQUEST FOR LIVE SCAN SERVICE
ARCHDIOCESE OF SAN FRANCISCO
 Office of Child and Youth Protection
 One Peter Yorke Way, San Francisco, CA 94109



APPLICANT SUBMISSION

Applicant Type: (check one)
 Employment Volunteer

ORI: A2783

Position for which you are applying: _____

Contributing Agency Information:
The Archdiocese of San Francisco
 Agency Authorized to Receive Criminal Record Information
One Peter Yorke Way
 Street Address
San Francisco, CA 94109
 City State Zip Code

07047
 Mail Code (five-digit code assigned by DOJ)
Rev. Charles Puthota, Ph.D.
 Contact Name
415.614.5504
 Contact Telephone Number

APPLICANT INFORMATION

 Last Name First Name Middle Initial Suffix

 Other Names (AKAs/Maiden) Last First Suffix

 Date of Birth Sex: Male Female CA Driver's License or State ID Number

 Height Weight Eye Color Hair Color Billing #: DO NOT BILL AGENCY

 Place of Birth (State/Country) Social Security Number Misc # NONE

 Home Address Street Address or P.O. Box City State Zip Code

 Your Parish: Parish Location: City County

 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: _____

NO ADDITIONAL EMPLOYER RESPONSE OR AGENCIES SPECIFIED BY STATUTE

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 to your LiveScan appointment
 - The LiveScan 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.