

**REQUEST FOR LIVE SCAN
SERVICE ARCHDIOCESE OF PARISH
SAN FRANCISCO** Office of Child and
Youth Protection

Answer All Questions • Use Ink • Print Clearly 94109
One Peter Yorke Way, San Francisco, CA

APPLICANT SUBMISSION Applicant Type: (check one) ORI: A2783 Employment Volunteer

Position for which you are applying:

Street Address

Contributing Agency Information:

The Archdiocese of San Francisco
Agency Authorized to Receive Criminal Record Information
One Peter Yorke Way

07047
Mail Code (five-digit code assigned by DOJ)
Office of Child and Youth Protection

San Francisco, CA 94109 415.614.5500 City State Zip Code

APPLICANT INFORMATION

Name _____ First Name Middle Initial Suffix
_ Last Name

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

Misc # NONE

Height Weight Eye Color Hair Color

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

ADSF