## **REQUEST FOR LIVE SCAN SERVICE**

## ARCHDIOCESE OF SAN FRANCISCO

Office of Child and Youth Protection

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

Sex:     Male	APPLICANT SUBMISSION		Applicant Type: (check one)					
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  APPLICANT INFORMATION  Name Last Name Sex:    Male	ori: <u>A0842</u>		☐ Employment	:	☐ Volunteer			
The Archdiocese of San Francisco  Agency Authorized to Receive Criminal Record Information One Peter Yorke Way  Street Address San Francisco, CA 94109  Gry State Zip Code  APPLICANT INFORMATION  Name Last Name Last Name Sex: □Male □Female Date of Birth Weight Eye Color Hair Color Place of Birth (State/Country)  Place of Birth (State/Country)  Social Security Number  Home Address Street Address or P.O. Box  City  School Location:  Your School Where you've applied to work or volunteer (Operator: Transmit as OCA)  Resubmissions must provide proof of rejection and list Original ATI Number:  Mail Code (five-diigit code assigned by DOI) Office of Child and Youth Protection  Mail Code (five-diigit code assigned by DOI) Office of Child and Youth Protection  415.614.5500  415.614.5500  First Name Middle Initial Suffix Suffix Suffix  None  CA Driver's License or State ID Number  Misc # NONE  School Location:  City County County Level of Service: BOTH ☑ DOJ AND ☑ FBI  Resubmissions must provide proof of rejection and list Original ATI Number:	Position for which you are applying	j:						
Agency Authorized to Receive Criminal Record Information One Peter Yorke Way Street Address San Francisco, CA 94109 City State Zip Code  APPLICANT INFORMATION Name Last Name Sex:   Male   Female Date of Birth  Sex:   Male   Female Date of Birth (State/Country) Flace of Birth (State/Country) Social Security Number Home Address Street Address or P.O. Box  City School  School Location: Where you've applied to work or volunteer (Operator: Transmit as OCA)  Resubmissions must provide proof of rejection and list Original ATI Number:								
One Peter Yorke Way  Street Address San Francisco, CA 94109 City State Zip Code  APPLICANT INFORMATION  Name Last Name Date of Birth  Height Weight Eye Color Hair Color Place of Birth (State/Country)  Place of Birth (State/Country)  Social Security Number  Home Address Street Address or P.O. Box  Your School  Your School  Your School  Your School  Resubmissions must provide proof of rejection and list Original ATI Number:  A15.614.5500  415.614.5500  415.614.5500  415.614.5500  415.614.5500  415.614.5500  415.614.5500  415.614.5500  415.614.5500  415.614.5500  415.614.5500  415.614.5500  415.614.5500  415.614.5500  First Name Middle Initial Suffix Suffix  First Name Middle Initial Suffix Suffix  First Name Non Billing # DO NOT BILL AGENCY Misc # NONE  City State Zip Code  City Country  Level of Service: BOTH 🗵 DOJ AND 🗵 FBI  Resubmissions must provide proof of rejection and list Original ATI Number:	The Archdiocese of San Fra	ancisco						
San Francisco, CA 94109 City State Zip Code  APPLICANT INFORMATION  Name	Agency Authorized to Receive Criminal Record Information							
San Francisco, CA 94109 City State Zip Code  APPLICANT INFORMATION  Name  Last Name  Cher  Names (AKAs/Maiden) Last Name  Sex:   Male   Female   First Name   Middle Initial   Suffix    CA Driver's License or State ID Number  Height   Weight   Eye Color   Hair Color    Place of Birth (State/Country)   Social Security Number    Home  Address   Street Address or P.O. Box   City   State   Zip Code    Your School   City   State   Zip Code    Resubmissions must provide proof of rejection and list Original ATI Number:    A15.614.5500  First Name   Middle Initial   Suffix    For Name   Middle Initial   Suffix    First Name   Middle Initial   Suffix    First Name   Middle Initial   Suffix    For Name   Middle Initial   Suffix    Suffix   Suffix   Suffix    CA Driver's License or State ID Number    Billing # DO NOT BILL AGENCY    Misc # NONE    State   Zip Code    City   County    Level of Service:   BOTH   DOJ   AND   Extended    Resubmissions must provide proof of rejection and list Original ATI Number:    A15.614.5500	<u>,                                      </u>		Office of Child and Youth Protection					
APPLICANT INFORMATION  Name  Last Name  Other  Names (AKAs/Maiden) Last Name  Sex:   Male   Female  Date of Birth  Height   Weight   Eye Color   Hair Color   Misc # NONE  Place of Birth (State/Country)   Social Security Number  Home Address   Street Address or P.O. Box   City   State   Zip Code  Your School   Where you've applied to work or volunteer (Operator: Transmit as OCA)  Resubmissions must provide proof of rejection and list Original ATI Number:	Street Address			145 F41 F500				
APPLICANT INFORMATION  Name  Last Name  Sex:    Male   First Name   First Name   Middle Initial   Suffix    Date of Birth  Height   Weight   Eye Color   Hair Color   Billing # DO NOT BILL AGENCY    Place of Birth (State/Country)   Social Security Number    Home  Address   Street Address or P.O. Box   City   State   Zip Code    Vour School   City   Country    Where you've applied to work or volunteer   (Operator: Transmit as OCA)    Resubmissions must provide proof of rejection and list Original ATI Number:				415.014.5500				
Name Last Name  Cher Sex:								
Tast Name    Cother   Names (AKAs/Maiden)   Last Name   Sex:   Male     Female     First Name   Middle Initial   Suffix   Suffix   Sex:   Male     Female     Female       Female	APPLICANT INFORMATION							
Tast Name    Cother   Names (AKAs/Maiden)   Last Name   Sex:   Male     Female     First Name   Middle Initial   Suffix   Suffix   Sex:   Male     Female     Female       Female	Name							
Names (AKAs/Maiden) Last Name  Sex:   Male   Female   Female   CA Driver's License or State ID Number    Height   Weight   Eye Color   Hair Color   Misc # NONE    Place of Birth (State/Country)   Social Security Number    Home				First Name		Middle Initial Suffix		
Names (AKAs/Maiden) Last Name  Sex:   Male   Female   Female   CA Driver's License or State ID Number    Height   Weight   Eye Color   Hair Color   Misc # NONE    Place of Birth (State/Country)   Social Security Number    Home	Other							
Date of Birth  Height Weight Eye Color Hair Color Place of Birth (State/Country) Social Security Number  Home_ Address Street Address or P.O. Box  City State Zip Code  Your School Where you've applied to work or volunteer (Operator: Transmit as OCA)  Resubmissions must provide proof of rejection and list Original ATI Number:				First Name		Middle Initial Suffix		
Height Weight Eye Color Hair Color  Place of Birth (State/Country) Social Security Number  Home_ Address Street Address or P.O. Box  City State Zip Code  Your School		Sex: □Male	□Female					
Misc # NONE	Date of Birth			CA Driver's License or State ID Number				
Misc # NONE				D:II: # DO NO	T DUL A CENTO	V.		
Place of Birth (State/Country)  Social Security Number  Home	Height Weight	Eye Color	Hair Color	Billing # DO NOT BILL AGENCY				
HomeAddress Street Address or P.O. Box City State Zip Code  Your School		<u> </u>		Misc #	NONE			
Address Street Address or P.O. Box  City State Zip Code  Your School School Location:  Where you've applied to work or volunteer (Operator: Transmit as OCA)  City County  Level of Service: BOTH 🗵 DOJ AND 🗵 FBI  Resubmissions must provide proof of rejection and list Original ATI Number:	Place of Birth (State/Country)	Social Secu	rity Number					
Your School School Location: School Location: City County  Level of Service: BOTH 🗵 DOJ AND 🗵 FBI  Resubmissions must provide proof of rejection and list Original ATI Number:								
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:	Address Street Address or P.O. Box			City		State Zip Code		
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:								
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:	Your School			School Location:				
Level of Service: BOTH 🗵 DOJ AND 🗵 FBI  Resubmissions must provide proof of rejection and list Original ATI Number:					County			
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Name of Operator Date	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 ①copy to you
- ➤ Make TWO ② copies of THE CERTIFIED FORM and distribute ONE ①copy to each of the following:
- ②Keep one for future verification ①Requesting School