



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1570
ORI (Code assigned by DOJ)

Volunteer
Authorized Applicant Type

Volunteer
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Catholic School Department
Agency Authorized to Receive Criminal Record Information

2110 Broadway
Street Address or P.O. Box

Sacramento
City

CA 95818
State ZIP Code

03358
Mail Code (five-digit code assigned by DOJ)

Mayra Perez
Contact Name (mandatory for all school submissions)

9167330237
Contact Telephone Number

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name: (AKA or Alias) _____

Last Name _____ First Name _____ Suffix _____

Date of Birth _____ Sex Male Female Nonbinary/Unspecified _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

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

Home Address _____ City _____ State ZIP Code _____

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

_____ Applicant Signature _____ Date _____

Your Number: CSD20 - St. Ignatius School, Sac Level of Service: DOJ FBI
OCA Number (Agency Identifying Number)

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: _____ Original ATI Number _____
(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

Employer Name _____

Street Address or P.O. Box _____ Telephone Number (optional) _____

City _____ State ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____