



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A3004

ORI (Code assigned by DOJ)

Volunteer with minors

Authorized Applicant Type

Volunteer with minors

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

Contributing Agency Information:

Diocese of San Bernardino

Agency Authorized to Receive Criminal Record Information

01173

Mail Code (five-digit code assigned by DOJ)

1201 E. Highland Ave.

Street Address or P.O. Box

Paula Garcia

Contact Name (mandatory for all school submissions)

San Bernardino

City

CA ☒

State

92404

ZIP Code

9094755175

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

Driver's License Number

Height Weight Eye Color Hair Color

Billing
Number

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc.
Number

(Other Identification Number)

Home
Address Street Address or P.O. Box

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: 1504

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

(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:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Diocese of San Bernardino

Employer Name

1201 E. Highland Ave.

Street Address or P.O. Box

9094755175

Telephone Number (optional)

San Bernardino

City

CA ☒

State

92404

ZIP Code

01173

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