

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

42 St. Francis of Assisi School

Applicant Submission

ORI: A0438 Type of Application: **EMPLOYEE** **VOLUNTEER**
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:
DIOCESE OF SAN DIEGO 01174
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)
P. O. BOX 85728 Lisa Marie Geriak
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
SAN DIEGO CA 92186-5728 (858) 490-8240
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI
 Alias: _____ Driver's License No: _____
Last First
 Date of Birth: _____ Sex: Male Female Misc. No. BIL - N/A
Agency Billing Number
 Height: _____ Weight: _____ Misc. Number: _____
 Home Address: _____
 Eye Color: _____ Hair Color: _____
Street No. Street or PO Box
 Place of Birth: _____
City, State and Zip Code
 Social Security Number: _____

Your Number: 42
OCA No. (Agency Identifying No.)
 Level of Service: DOJ FBI
 If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)
St. Francis of Assisi Parish School
Employer Name
525 W. Vista Way
Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)
Vista CA 92083 (760) 630-7960
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date
 Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____