

Instructions for completing the form

Request for Live Scan Service

1. Be sure to take your ID to the live scan site.
2. Print three copies of filled out *Request for Live Scan Form*. Provide them to the Live Scan operator.
3. The operator will scan your fingerprints and submit your data.
4. You will receive two signed copies of the *Request for Live Scan Form* at the end of your fingerprinting session
 - One copy is for the Office of Vocations.
Please scan it as PDF and email it to rmonarrez@sbdioocese.org with the bill of the live scan service to reimburse the amount paid for the service.
 - Keep the second copy for your records.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A3004 _____ EMPLOYEE _____
ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____

SEMINARIAN _____
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 _____ 01173 _____
Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____

1201 E. HIGHLAND AVE _____ PAULA GARCIA _____
Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____

SAN BERNARDINO _____ CA 92404 _____ (909) 475-5175 _____
City _____ State ZIP Code _____ Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name (AKA or Alias) Last _____ First _____ Suffix _____

Date of Birth _____ Sex Male Female _____ 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 _____

Your Number: 1657 _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

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

Employer (Additional response for agencies specified by statute):

N/A _____ Employer Name _____ Mail Code (five digit code assigned by DOJ) _____

N/A _____ Street Address or P.O. Box _____

N/A _____ City _____ State ZIP Code _____ Telephone Number (optional) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

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