



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A3251

ORI (Code assigned by DOJ)

Volunteer

Authorized Applicant Type

Volunteer/VCA

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 Jose

Agency Authorized to Receive Criminal Record Information

01182

Mail Code (five-digit code assigned by DOJ)

1150 North First Street, Suite 100

Street Address or P.O. Box

Linda Greco

Contact Name (mandatory for all school submissions)

San Jose

City State ZIP Code

408-983-0149

Contact Telephone Number

Applicant Information:

Last Name

Other Name (AKA or Alias) Last

Date of Birth Sex Male Female

Height Weight Eye Color Hair Color

Place of Birth (State or Country) Social Security Number

Home Address Street Address or P.O. Box

First Name Middle Initial Suffix

First Suffix

Driver's License Number

Billing Number (Agency Billing Number)

Misc. Number (Other Identification Number)

City State ZIP Code

Your Number: **249 - Chinese Catholic Community**
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):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Susan Dias
Name of Operator

Date

Verify Group, inc. **CK2 EM3**
Transmitting Agency LSID

\$20
ATI Number Amount Collected/Billed