

# REQUEST FOR LIVE SCAN SERVICE

**ARCHDIOCESE OF SAN FRANCISCO**  
Office of Child and Youth Protection  
One Peter Yorke Way, San Francisco, CA 94109



**APPLICANT SUBMISSION**

Authorized Applicant Type: (check one)  
 Employment                       Volunteer

ORI: A0842

Position for which you are applying: \_\_\_\_\_

**Contributing Agency Information:**  
The Archdiocese of San Francisco                      00761  
 Agency Authorized to Receive Criminal Record Information                      Mail Code (five-digit code assigned by DOJ)  
One Peter Yorke Way                      Rev. Charles Puthota, Ph.D.  
 Street Address                      Contact Name  
San Francisco, CA 94109                      415.614.5504  
 City                      State                      Zip Code                      Contact Telephone Number

**APPLICANT INFORMATION**

Last Name _____		First Name _____		Middle Initial _____	Suffix _____
Other Names (AKAs/Maiden) Last _____		First _____		Suffix _____	
Date of Birth _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		CA Driver's License or State ID Number _____		
Height _____	Weight _____	Eye Color _____	Hair Color _____	Billing #: _____	DO NOT BILL AGENCY
Place of Birth (State/Country) _____		Social Security Number _____		Misc # _____	NONE
Home Address _____		Street Address or P.O. Box _____		City _____	State    Zip Code _____
Your School _____		Where you've applied to work or volunteer (Operator: Transmit as OCA) _____		School Location: _____	City                      County _____
		Level of Service:    BOTH <input checked="" type="checkbox"/> DOJ    AND <input checked="" type="checkbox"/> FBI			

Resubmissions must provide proof of rejection and list Original ATI Number: \_\_\_\_\_

**NO ADDITIONAL EMPLOYER RESPONSE**

Live Scan Transaction Completed By: \_\_\_\_\_

Name of Operator _____	Date _____
Transmitting Agency _____	LSID _____
ATI Number _____	Amount Collected _____

**APPLICANT INSTRUCTIONS**

- ▶ Take **TWO** (2) copies of this **COMPLETED** form to your LiveScan appointment
- ▶ The LiveScan Operator will certify the transaction by completing bottom section and return **ONE** (1) copy to you.
- ▶ Make **TWO** (2) copies of the **CERTIFIED FORM** and distribute **ONE** (1) copy to each of the following:
  - ① Requesting School    ② Keep one for future verification.