

REQUEST FOR LIVE SCAN SERVICE

**PARISH &
AGENCY**

Return 1 copy of completed form to:

ARCHDIOCESE OF SAN FRANCISCO + OFFICE OF CHILD & YOUTH PROTECTION
One Peter Yorke Way + San Francisco, CA 94109 + Fax: 415-614-5658

Applicant Submission

A - 2783

ORI

Employment Volunteer
Authorized Applicant Type: (check one)

Position for which you are applying:

Contributing Agency Information:

The Archdiocese of San Francisco

Agency Authorized to Receive Criminal Record Information

One Peter Yorke Way

Street Address

San Francisco, CA 94109

City State Zip Code

07047

Mail Code (five-digit code assigned by DOJ)

Deacon John Norris, Director, OCYP

Contact Name

415-614-5504

Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name (AKA / Alias/ Maiden) Last First Suffix

Sex: Male Female

Date of Birth Driver's License or State ID Number

Height Weight Eye Color Hair Color Billing Number LEAVE BLANK - DO NOT BILL AGENCY

Place of Birth (State or Country) Social Security Number Misc Number LEAVE BLANK

Home Address Street or P.O. Box City State Zip Code

Parish or Agency to which you've applied: to work or volunteer (Live Scan Operator: Enter for OCA Number) City: Where parish or agency is located

Level of Service: **BOTH** DOJ AND FBI

If resubmission, list original ATI number (Must provide proof of rejection): Original ATI Number

Employer: (Additional response for agencies specified by statute) ***LEAVE BLANK***

Employer Name Street No Street or PO Box Mail Code (5 digit code assigned by DOJ) City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected

APPLICANT :

Take 2 (TWO) Copies of this COMPLETED form to your LiveScan appointment
The LiveScan Operator will certify the transaction by completing bottom section and return one copy to you.

MAKE 3 LEGIBLE COPIES OF THE CERTIFIED FORM AND DISTRIBUTE TO:

1- Requesting Parish/Agency; 1- Archdiocese of San Francisco (address above); 1- You must keep one for future verification.
Fax a copy of your completed Livescan form to S.F. Parish and School Baseball League at 415-585-7225.