

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

**Applicant Submission**

ORI: A2733 Type of Application: Volunteer

Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Youth Ministry

Agency Address Set Contributing Agency:

Roman Catholic Bishop of Sacramento

08893

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

2110 Broadway

Yvette Espinosa

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

Sacramento

CA

95818

( 916 ) 733-0237

City

State

Zip Code

Contact Telephone No.

Name of Applicant: (Please print) Last First MI

Alias: Last First Driver's License No:

Date of Birth: Sex: Male  Female Misc. No. BIL - NA  
Agency Billing Number

Height: Weight: Misc. Number: NA

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: Recollections In Christianity -SAC  
OCA No. (Agency Identifying No.)

Level of Service:  DOJ  FBI

If resubmission, list Original ATI Number:

Employer: (Additional response for agencies specified by statute)

NA

Employer Name

NA

NA

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

NA

( ) NA

City State Zip Code

Agency Telephone No. (optional)

Live Scan Transaction Completed By: Name of Operator Date

Transmitting Agency ATI No. Amount Collected/Billed