



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: AA846

(Code assigned by DOJ)

Type of License/Certification/Permit

Type of Application: VOLUNTEER

Authorized Applicant Type

Parish/School/Diocesan Site

Contributing Agency Information:

DIOCESE OF OAKLAND

Agency Authorized to Receive Criminal Record Information

01051

Mail Code (five-digit code assigned by DOJ)

2121 Harrison Street

Street Address or P.O. Box

Diana Bitz

Contact Name (mandatory for all submissions)

Oakland

CA

94612

City

State

ZIP Code

(510) 267-8315

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias)

Last

First

Date of Birth

Sex

☐

Male

☐

Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number

140662

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Telephone Number

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

☒ DOJ ONLY

DOJ ONLY

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

Original ATI Number

DIOCESAN SITE INFORMATION

PARISH/ SCHOOL SITE:

Mail Code (five digit code assigned by DOJ)

CITY

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed