



STATE OF CALIFORNIA
BCII 8018
(orig. 4/01; rev. 8/09)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0438 _____ Authorized Applicant Type _____
ORI (Code assigned by DOJ)

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 Diego _____
Agency Authorized to Receive Criminal Record Information
P.O. Box 85728 _____
Street Address or P.O. Box
San Diego, CA 92186 _____
City State ZIP Code

01174 _____
Mail Code (five-digit code assigned by DOJ)
Lisa Marie Geriak _____
Contact Name (mandatory for all school submissions)
(858) 490-8240 _____
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 N/A _____
(Agency Billing Number)
Misc. Number N/A _____
(Other Identification Number)
City _____ State _____ ZIP Code _____

Your Number: 41 _____
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):

N/A _____
Employer Name
N/A _____
Street Address or P.O. Box
N/A _____ N/A _____ N/A _____
City State ZIP Code

N/A _____
Mail Code (five digit code assigned by DOJ)
N/A _____
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator _____
Transmitting Agency _____ LSID _____

Date _____
ATI Number _____ Amount Collected/Billed _____