



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

**A4631**  
ORI (Code assigned by DOJ)

**Volunteer**  
Authorized Applicant Type

**Volunteer/VCA**  
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 Jose**  
Agency Authorized to Receive Criminal Record Information

**01182**  
Mail Code (five-digit code assigned by DOJ)

**1150 North First Street, Suite 100**  
Street Address or P.O. Box

**Patricia Weis**  
Contact Name (mandatory for all school submissions)

**San Jose** **CA** **95112**  
City State ZIP Code

**408-983-0149**  
Contact Telephone Number

### Applicant Information:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name Middle Initial Suffix

\_\_\_\_\_  
Other Name (AKA or Alias) Last

\_\_\_\_\_  
First Suffix

\_\_\_\_\_  
Date of Birth Sex Male Female

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Height Weight Eye Color Hair Color

Billing Number **130068**  
(Agency Billing Number)

\_\_\_\_\_  
Place of Birth (State or Country) Social Security Number

Misc. Number \_\_\_\_\_  
(Other Identification Number)

\_\_\_\_\_  
Home Address Street Address or P.O. Box

\_\_\_\_\_  
City State ZIP Code

Your Number: \_\_\_\_\_  
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):

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Mail Code (five digit code assigned by DOJ)

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Telephone Number (optional)

### Live Scan Transaction Completed By:

**Susan Dias**

Name of Operator  
**Verify Group, inc.** **CK2**

\_\_\_\_\_  
Date

Transmitting Agency **LSID**

\_\_\_\_\_  
ATI Number

**\$10.00**  
Amount Collected/Billed