



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

RI: AA846
(Code assigned by DOJ)
e 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

Oakland CA 94612
City State ZIP Code

Diana Bitz
Contact Name (mandatory for all submissions)

(510) 267-8315
Contact Telephone Number

Applicant Information:

Last Name
First Name Middle Initial Suffix

her Name
(AKA or Alias) Last First

ate of Birth Sex ☐ Male ☐ Female

eight Weight Eye Color Hair Color

ace of Birth (State or Country) Telephone Number

ome
Address Street Address or P.O. Box City State ZIP Code

Driver's License Number

Billing Number 140662
(Agency Billing Number)

Misc. Number
(Other Identification Number)

our Number:
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ONLY
DOJ ONLY

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

Original ATI Number

DIOCESAN SITE INFORMATION

RISH/SCHOOL SITE:

CITY

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

ame of Operator Date

ransmitting Agency LSID ATI Number Amount Collected/Billed