

Bring this form and your drivers license or other photo ID to your fingerprinting appointment.
REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: A3950 Type of Application (check): Paid Volunteer
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Catechist DRE Youth \ Music Minister Other

Agency Address Set Contributing Agency:

Archdiocese of Los Angeles

3424 Wilshire Blvd.

Los Angeles CA 90010

09496

Mail Code (five digit code assigned by DOJ)

William Heinen

Contact Name (Mandatory for all school submissions)

(213) 637-7494

Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. **BIL- 145663**
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Phone Number _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SS# _____

Location number of school or parish: **OCA #** _____

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Name of Parish / School: _____ Mail Code: _____
(five digit code assigned by DOJ)

Street No. / Street or PO Box _____

City _____ State **CA** Zip _____

Live Scan Transaction Completed By: _____ Date: _____
(Name of Operator)

Archdiocese of Los Angeles

Transmitting Agency ATI No. _____ Amount Collected: _____

The information above may be verified and used by the Archdiocese of Los Angeles and its entities for reports and clearances.
I agree to such use and to hold harmless the Archdiocese and its entities.

Signature _____

Date _____