



REQUEST FOR LIVE SCAN SERVICE

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Applicant Submission

AJ506
ORI (Code assigned by DOJ)

Employee / Volunteer (Circle One)
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

The Diocese of San Joaquin
Agency Authorized to Receive Criminal Record Information
1300 E. Shaw Ave. Ste. 123
Street Address or P.O. Box
Fresno CA 93710
City State ZIP Code

19943
Mail Code (five-digit code assigned by DOJ)
Corey McLaughlin
Contact Name (mandatory for all school submissions)
5592444828
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 (Agency Billing Number)
Misc. Number (Other Identification Number)
City State ZIP Code

Your Number: N/A
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