

Fingerprint Applicant Submission

Attention Applicants: Please complete all the italicized fields in the two striped boxes below. Thanks!

ORI: A6109 **Type of Application:** Volunteer Employee
Code assigned by DOJ

Please enter your parish ministries / organizations: _____

Agency Address Set Contributing Agency:

Diocese of San Bernardino
Agency authorized to receive criminal history information

07398
Mail Cod (five-digit code assigned by DOJ)

1201 E. Highland Ave.
Street No. Street or PO Box

Attn: Paula Garcia
Contact Name (Mandatory for all school submissions)

San Bernardino, CA 92404
City State Zip

(909) 475-5175
Contact Phone Number

Name of Applicant: _____
(Please print) Last First Middle Initial

Alias: _____ **Driver's License Number:** _____
Last First MI

Date of Birth: _____ **Gender:** Male Female Misc. No. BIL _____ N / A

Height: _____ **Weight:** _____ **Phone Number:** _____

Eye Color: _____ **Hair Color:** _____ **Home Address:** _____
Street Address (Not P. O. Box)

Place of Birth: _____
City State Country City State Zip Code

Social Security Number: _____

Your Number: 1395 Level of Service: DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list the original ATI Number: _____

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency _____ ATI Number _____ Amount Collected / Billed _____