

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR LIVE SCAN FORM

1. Include your Campus and Ministry in the “Type of License/Certification/Permit OR Working Title”
 - a. Ex: GB Weekends
2. Fill out all sections in the Applicant Information section.
3. Include your phone number in the Phone Number of the Applicant Information section.
4. When your LiveScan is completed, please take a clear photo of the completed, signed form and email it to livescan@baysideonline.com, so that Bayside can be notified and watch for your results. If your ministry lead or coordinator asked you to send them a copy, please send the photo to them as well.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A3507
ORI(Code assigned by DOJ) Volunteer
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:

Bayside Church
Agency Authorized to Receive Criminal Record Information
00779
Mail Code(five-digit code assigned by DOJ)
PO Box 2336
Street Address or P.O. Box
Bayside Human Resources
Contact Name (mandatory for all school submissions)
Granite Bay CA 95746
City State ZIP Code
(916) 791-1244
Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix
Other Name: (AKA or Alias)
Last Name First Name Suffix
Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified
Date of Birth Driver's License Number
Height Weight Eye Color Hair Color
Billing Number 146642
(Agency Billing Number)
Place of Birth (State or Country) Social Security Number
Phone Number
(Other Identification Number)
Home Address Street Address or P.O. Box City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI

number: Original ATI Number

(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator Date
Transmitting Agency LSID ATI Number Amount Collected/Billed