

FINGERPRINT SERVICES

Please take the St. Rose LiveScan Form with you to have your prints done.
Be sure and BRING BACK TO THE SCHOOL OFFICE A COPY OF THE FORM FOR OUR RECORDS.

TruScan Fingerprint Services – Locally owned and operated.

2324 Fourth Street, Santa Rosa
707 566 7226
Hours Open: M – F 9am – 6pm

AMERIPRINT Fingerprint Services – locations below

AMERIPRINTS-Rohnert Park

(Behind Sherwin Williams Paint Store)
5685 Redwood Dr. STE 101
Rohnert Park, CA. 94928
(707)588-9866

Monday - Friday:

9am - 6pm

Saturdays

10am-3pm

****WALK-INS WELCOME****

****VISIT US ON
TWITTER AND
FACEBOOK FOR
UPDATED OFFICE
INFORMATION AND
DISCOUNTS****

AMERIPRINTS-Santa Rosa

(Across from Sam's Cafe)
2675 Cleveland Avenue STE 7
Santa Rosa, CA. 95403
(707)566-1929

Monday - Friday:

APPOINTMENTS ONLY

Call or visit our website:

www.ameriprints.com

AMERIPRINTS-Petaluma

(101 and Lakeville Hwy in the Marina Office center)
755 Baywood, Second Floor
Petaluma, Ca. 94954
(707)588-9866

Monday - Friday:

APPOINTMENTS ONLY

Call or visit our website:

www.ameriprints.com



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A5748 _____ VOLUNTEER _____
 ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____
 SCHOOL VOLUNTEER _____
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

ROMAN CATHOLIC BISHOP OF SANTA ROSA _____ 00758 _____
 Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____
 P.O. BOX 1297 _____ JULIE SPARACIO _____
 Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____
 SANTA ROSA _____ CA 95402 _____ (707) 566-3308 _____
 City _____ State ZIP Code _____ Contact Telephone Number _____

Applicant Information:

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

Your Number: _____
 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):

Employer Name _____ Mail Code (five digit code assigned by DOJ) _____
 Street Address or P.O. Box _____
 City _____ State _____ ZIP Code _____ Telephone Number (optional) _____

Live Scan Transaction Completed By:

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