



KNIGHTS OF COLUMBUS

SAFE HAVEN

LIVE SCAN INSTRUCTIONS



Brother Knights,

In order to work on Knights projects anywhere near children, we need all Brother Knights to complete the online Safe Haven training at the following URL.

<https://sacramento.cmgconnect.org/>

You'll need to create an account and password to log on. Please retain your log on and password data in a safe place.

The required training is titled "A. Safe Environment Curriculum-Sacramento".

When Training is complete, print the completion certificate send it to the Worthy Chancellor at callingdrmath@gmail.com and the Grand Knight at mbshouse@aol.com

We also need the background check completed through Live Scan. Just take the Live Scan form to either of the addresses below:

Postal & Print Shoppe
5650 Whitelock Pkwy. Ste 130
Elk Grove, CA 95757

Mail & More
5050 Laguna Blvd. Ste. 112
Elk Grove, CA 95758

Please let the Worthy Chancellor at callingdrmath@gmail.com and the Grand Knight at Mbshouse@aol.com know when you complete each step.

This certification is good for 3 years. All Brother Knights must remain certified to work at the Parish anywhere near children.

Thank you for supporting your Brother Knights!

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (10/21)

Capital Live Scan

Office # (916) 456-5260
5706 Broadway
Sacramento, CA 95820
ContactUs@Capitallivescan.com

Applicant Submission

BILLED FORM ONLY

ORI: A2733 <small>Code assigned by DOJ</small>	Type of Application: Volunteer
Job Title or Type of License, Certification or Permit: _____	
Agency Address Set Contributing Agency: Roman Catholic Bishop of Sacramento	
Agency authorized to receive criminal history information	Mail Code (five-digit code assigned by DOJ) 08893
Street No. 2110 Broadway <small>Street or PO Box</small>	Contact Name (Mandatory for all school submissions) Sandra Canenguez
City Sacramento State CA Zip Code 95818	Contact Telephone No. (916) 733-0237

Applicants to Fill Out Only the Section Below

Name of Applicant: <small>(Please Print)</small>	_____	_____	_____	_____
	<small>Last</small>	<small>First</small>	<small>MI</small>	
	Driver's License No: _____			
Date of Birth: _____	SEX: Male <input type="checkbox"/> Female <input type="checkbox"/>	Misc. No. BIL - _____	Agency Billing Number	
Height: _____	Weight: _____	Home Address:		
Eye Color: _____	Hair Color: _____	Street No. _____	Street or PO Box	
SSN: _____	City _____	State _____	Zip _____	
I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.				
Signature: X _____	Date: _____			

Below Section To be Filled Out by LiveScan Technician

OCA Number: KOC GOODSHEP ELK GRV	<input checked="" type="checkbox"/> DOJ	Level of Service: <input type="checkbox"/> FBI	
If re-submission, list original ATI Number: _____ <small>(Must provide proof of rejection)</small>	(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history information of the FBI.)		
Live Scan Transaction Completed By: _____	Name of Operator _____	LSID# _____	Date _____
Capital Live Scan <small>Transmitting Agency</small>	ATI No: _____	Do Not Collect Payment <small>AMOUNT</small>	

No Appointment Necessary

Other Locations	Capital Live Scan
Capitallivescan.com/walk-in-locations	