



REQUEST FOR LIVE SCAN SERVICE

Print Form

Reset Form

Applicant Submission

A4294
ORI (Code assigned by DOJ)

VOLUNTEER
Authorized Applicant Type

4-H VOLUNTEER / 11105.3PC
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

UCCE SAN MATEO COUNTY
Agency Authorized to Receive Criminal Record Information

05916
Mail Code (five-digit code assigned by DOJ)

1500 Purisima Creek Road
Street Address or P.O. Box

KIMBERLY RODEGERDTS
Contact Name (mandatory for all school submissions)

HALF MOON BAY CA 94019
City State ZIP Code

(530) 750-1383
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

ADD UCCE, REC, COUNTY OR HIRING DEPT TO LINE BELOW

Your Number: UCCE/SF-San Mateo 4-H Vol
OCA Number (Agency Identifying Number) /UCCE, REC, County or Dept.

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