



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

City

CA

State

94019

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)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security 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

Level of Service: ☒ DOJ ☐ FBI

OCA Number (Agency Identifying Number) /UCCE, REC, County or Dept.

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