MENU PRINT RESET FORM

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA 0410000 (Code assigned by DOJ) **Type of Application:** (check one) ☑ **Employment** ☐ **License, Certification, Permit** ☐ **Volunteer**

Job Title or Type of License, Certification or Permit: **Security Clearance - DPW** App Type: NON SWORN LEA PERSONNEL

Agency Address Set Contributing Agency:

San Mateo County Sheriff's Office	**03473**
Agency authorized to receive criminal history information	Mail Code (five-digit code assigned by DOJ)
330 Bradford Street	**Scott Miller**
Street No. Street or PO Box	Contact Name (Mandatory for all school submissions)
Redwood City, CA 94063-1655	**650-363-1907**
City State Zip Code	Contact Telephone No.

Name of Applicant:

Last First MI

AKA's **CDL No.**

Last First MI

DOB: _____ **SEX:** ☐ Male ☐ Female **Misc. No BIL-** 130173 (Agency Billing Number)

Ht: _____ **WT:** _____ **Misc. No.** _____

Eye Color: _____ **Hair Color:** _____ **Home Address:** (Applies only if Youth Org/HRA or Public Utility submission)

POB: Street or PO Box

SOC: City, State and Zip Code

Your Number: San Mateo County Sheriff's Office **Level of Service** ☑ **DOJ** ☑ **FBI**

OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing and Department of Corporations submissions only)

Employer Name

Street No. Street or PO Box Mail Code (five-digit code assigned by DOJ)

City State Zip Code Agency Telephone No.

Live Scan Transaction Completed By: **Date:**

Name of Operator

P2003865

Transmitting Agency ATI No. Amount Collected Billed

Original-Live Scan Operator, Second Copy-Requesting Agency, Third Copy- Applicant