

**Willow Glen United Methodist Church  
Protecting our Children and Youth**

**Fingerprinting Information**

**LiveScan Electronic Fingerprinting**

Electronic fingerprinting can be done at the following locations:

- 1. Santa Clara County Sheriff's Office**  
55 West Younger Avenue                      Cost: \$10 for volunteers  
San Jose, CA 95110  
408-808-4760                                      Appt: Monday - Friday, 7:30am - 4pm  
You must make an appointment by calling (408) 808-4760 or online at  
[sheriffivescan.sccsheriff.org](http://sheriffivescan.sccsheriff.org)
- 2. UPS Store** (A block from Hamilton, a few doors down from Starbucks)  
1702 Meridian Avenue  
(408) 265-5005                                      Cost: \$25  
Call ahead to be sure there is someone available to fingerprint you.

**Postal Annex and other mail stores may also offer LiveScan fingerprinting – just call ahead.**

**Important Information**

You will need a photo ID in order to be fingerprinted.

Complete the attached "Request for Live Scan Service" form and take it with you to the appointment.

**Important information for request**

ORI:	A2830	Type of Application:	Volunteer
Job Title:	Volunteer	Mailing Code:	00000 (or n/a)
Contact Name:	Susan Grace Smith	Agency Billing #:	145304
Authorized Agency:	Willow Glen UMC 1420 Newport Avenue San Jose, CA 95125 (408) 294-9796	<b>OCA: A0448</b>	

If you would like to be reimbursed for this expense, please submit receipt to Susan Smith.

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

***Applicant Submission***

ORI: A2830 Type of Application: Volunteer - NonProfit Organization  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Volunteer

Agency Address Set Contributing Agency:

Willow Glen United Methodist Church 0000  
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

1420 Newport Avenue Susan Smith  
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)

San Jose CA 95125 ( 408 ) 294-9796  
City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. BIL - 145304  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street No. Street or PO Box

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

Social Security Number: \_\_\_\_\_

Your Number: A0448  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI Number: \_\_\_\_\_

Level of Service:  DOJ  FBI

Employer: (Additional response for agencies specified by statute)

Employer Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ( ) \_\_\_\_\_  
Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Name of Operator \_\_\_\_\_ Date \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_