Pennsylvania State Police
1800 Elmerton Avenue
Harrisburg, Pennsylvania 17110

Response for Criminal Record Check

TO WHOM IT MAY CONCERN:

THE PENNSYLVANIA STATE POLICE DOES HEREBY CERTIFY THAT:

Name: 
Date of Birth: 
Social Security #: 
Sex: 
Race: 
Date of Request: 
Purpose of Request: 
Maiden Name and/or Alias (1) 
(2) 
(3) 
(4) 

*** HAS NO CRIMINAL RECORD IN PENNSYLVANIA BASED ON A CHECK BASED ON THE ABOVE IDENTIFIERS - REFER TO CONTROL 

THE RESPONSE IS BASED ON A COMPARISON OF DATA PROVIDED BY THE REQUESTER AGAINST INFORMATION CONTAINED IN THE FILES OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY. PLEASE CONFIRM IDENTIFIERS PROVIDED. POSITIVE IDENTIFICATION CANNOT BE MADE WITHOUT FINGERPRINTS THE PENNSYLVANIA STATE POLICE RESPONSE DOES NOT PRECLUDE THE EXISTENCE OF CRIMINAL RECORDS, WHICH MIGHT BE CONTAINED IN THE REPOSITORIES OF OTHER LOCAL, STATE, OR FEDERAL CRIMINAL JUSTICE AGENCIES.

THE INFORMATION ON THIS CERTIFICATION FORM CAN BE VALIDATED BY ACCESSING THE PENNSYLVANIA ACCESS TO CRIMINAL HISTORY (PATCH) RECORD CHECK STATUS SCREEN https://epatch.state.pa.us/RCStatusSearch.jsp AND SUBMITTING A STATUS CHECK REQUEST THAT CONTAINS THE FOLLOWING - SUBJECT'S NAME (EXACTLY AS INITIALLY ENTERED), CONTROL NUMBER AND DATE OF REQUEST. PATCH WILL FIND AND DISPLAY THE CORRESPONDING RECORD CHECK REQUEST. DETAILS ON THE REQUEST CAN BE VIEWED BY CLICKING ON THE CONTROL NUMBER. YOU WILL BE ABLE TO VERIFY IF THIS REQUEST WAS SENT OUT AS A NO RECORD OR RECORD RESPONSE BY THE PENNSYLVANIA STATE POLICE.

QUESTIONS CONCERNING THIS CRIMINAL RECORD CHECK SHOULD BE DIRECTED TO THE PATCH HELP LINE TOLL FREE AT 1-888-QUERY-PA (1-888-783-7972).

Certified by:

[Signature]

Lieutenant Kevin J. Deskiewicz, Director
Criminal Records and Identification Division
Pennsylvania State Police

DISSEMINATED BY: SYSTEM
08/04/2012
PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

VERIFICATION DATE: 08/19/2012

SOCIAL SECURITY #: XXX-XX-**

The above named person has applied for a Pennsylvania Child Abuse History Clearance pursuant to Chapter 63 of 23 Pa. Consolidated Statutes Annotated relating to the Child Protective Services Law. NO RECORD EXISTS in the Pennsylvania Department of Public Welfare's statewide Central Registry listing the applicant as a perpetrator of an Indicated or Founded report of child abuse or an Indicated or Founded report for school employees.

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history clearance on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

ISSUED BY: Commonwealth of Pennsylvania
Department of Public Welfare
CHILDLINE AND ABUSE REGISTRY
ChildLine Verification Unit
P.O. Box 8170
Harrisburg, PA 17105-8170
(717) 783-6211

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT
CIVIL APPLICANT RESPONSE

MNU       SOC XXX XX       SEX
FPC
HENRY CLASS

COGEN SYSTEMS INC
PASADENA CA
2012/06/11

A SEARCH OF THE FINGERPRINTS ON THE ABOVE
INDIVIDUAL HAS REVEALED NO PRIOR ARREST
DATA.

2012/06/11 FEDERAL BUREAU OF INVESTIGATION

639 N ROSEMEAD BLVD 1
PASADENA, CA 91107-2147
ARREST/CONVICTION REPORT AND CERTIFICATION FORM  
(under Act 24 of 2011)

Section 1. Personal Information

Full Legal Name:  

Date of Birth:  

Any former names by which you have been identified:  

Section 2. Report of Arrest or Conviction

☐ By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §1-111(e) ("Reportable Offense(s)"). See Instructions on Page 2 of this Form for a list of Reportable Offenses. If you have none to report, proceed to Section 3 of this form.

Details of Arrests or Convictions

For any arrest or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the crime for which you have been arrested or convicted, the date and location of arrest and/or conviction, and the applicable court.

N/A

Section 3. No Arrest or Conviction

☒ By checking this box, I state that I have never been arrested for or convicted of any Reportable Offense.

Section 4. Certification

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Signature  

Date  

PDB-6004 (9/1/2011)
Tuberculin Skin Test (Mantoux)

Name ____________________________

Date of Birth ______________________

Date Administered (month, day, year): 2/13/13

Step 1 ____________  Step 2 ____________

Site: [ ] right arm  [ ] left arm

PPD: Tubercul 0.1 cc

Lot #: C 4178AA

Expiration Date: Apr. 16, 2015

Administered By: ____________________________

Return Appointment: 2/15/13

Date Read: 2/15/13

Results: 0 mm

Read By: ____________________________

Payment $10.00 per dose: Cash

2/13/13