

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: <u>A0541</u> Code assigned by DOJ	Type of Application: <u>Certification/License</u>
Job Title or Type of License, Certification or Permit: <u>Emergency Medical Technician</u>	

Agency Address Set Contributing Agency: <u>County of San Diego Emergency Medical Services</u>		<u>00542</u> Mail Code (five digit code assigned by DOJ)
Agency authorized to receive criminal history information		
<u>6255 Mission Gorge Rd.</u> Street No. Street or P.O. Box		<u>Susan A. Smith</u> Contact Name (Mandatory for all school submissions)
<u>San Diego</u> City	<u>CA</u> State	<u>92120-3505</u> Zip Code
		<u>(619) 285-6429</u> Contact Telephone No.

Name of Applicant: _____ (please print) Last First MI	
Alias: _____ Last First	Driver's License No. _____
Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL- <u>N/A</u> Agency Billing Number (if applicable)
Height: _____ Weight: _____	Misc. No: _____
Eye Color: _____ Hair Color: _____	Home Address: _____ Street or P.O. Box
Place of Birth: _____	_____ City, State and Zip Code
SOC: _____	

Your Number: _____ OCA No. (Agency Identifying No.)	Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
If resubmission, list Original ATI No. _____	

Employer: (Additional response for agencies specified by statute)			
<u>Emergency Medical Services Authority</u>			
Employer Name			
<u>10901 Gold Center Drive, Suite 400</u>			
Street No. Street or P.O. Box			
<u>02531</u> Mail Code (five digit code assigned by DOJ)			
<u>Rancho Cordova</u> City	<u>CA</u> State	<u>95670</u> Zip Code	<u>(916) 431-3692</u> Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Name of Operator		Date: _____
Transmitting Agency	ATI No.	Amount Collected/Billed