

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: County of San Diego Emergency Medical Services		<u>00542</u> Mail Code (five digit code assigned by DOJ)	
Agency authorized to receive criminal history information			
6255 Mission Gorge Rd.		Susan A. Smith	
Street No.	Street or P.O. Box	Contact Name (Mandatory for all school submissions)	
San Diego	CA	92120-3505	(619) 285-6429
City	State	Zip Code	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)			
Emergency Medical Services Authority			
Employer Name			
<u>10901 Gold Center Drive, Suite 400</u>		<u>02531</u>	
Street No.	Street or P.O. Box	Mail Code (five digit code assigned by DOJ)	
<u>Rancho Cordova</u>	<u>CA</u>	<u>95670</u>	<u>(916) 431-3646</u>
City	State	Zip Code	Agency Telephone No. (optional)

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