



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

A0536 Emerg Med Tech Lic/Cert  
 ORI (Code assigned by DOJ) Authorized Applicant Type

EMT - Nor Cal EMS  
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

## Contributing Agency Information:

Emergency Medical Services Authority Agency Authorized to Receive Criminal Record Information  10901 Gold Center Drive, Suite 400 Street Address or P.O. Box  Rancho Cordova <span style="float: right;">CA 95670-6073</span> City <span style="float: right;">State ZIP Code</span>	02531 Mail Code (five-digit code assigned by DOJ)  Shona Merl Contact Name (mandatory for all school submissions)  (916) 431-3692 Contact Telephone Number
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## Applicant Information:

Last Name _____  Other Name (AKA or Alias) Last _____  Date of Birth _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female  Height _____ Weight _____ Eye Color _____ Hair Color _____  Place of Birth (State or Country) _____ Social Security Number _____  Home Address Street Address or P.O. Box _____	First Name _____ Middle Initial _____ Suffix _____ First _____ Suffix _____  Driver's License Number _____  Billing Number <u>APPLICANT MUST PAY</u> <small>(Agency Billing Number)</small>  Misc. Number _____ <small>(Other Identification Number)</small>  City _____ State _____ ZIP Code _____
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Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number:  
 (Must provide proof of rejection)

Original ATI Number \_\_\_\_\_

## Employer (Additional response for agencies specified by statute):

EMSA Employer Name  10901 Gold Center Drive, Suite 400 Street Address or P.O. Box  Rancho Cordova <span style="float: right;">CA 95670-6073</span> City <span style="float: right;">State ZIP Code</span>	02531 Mail Code (five digit code assigned by DOJ)  +1 (916) 431-3692 Telephone Number (optional)
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## Live Scan Transaction Completed By:

Name of Operator _____	Date _____
Transmitting Agency _____	ATI Number _____
LSID _____	Amount Collected/Billed _____