



NORTHERN CALIFORNIA EMS, INC.

930 Executive Way, Suite 150, Redding, CA 96002-0635
Phone: (530) 229-3979 Fax: (530) 229-3984

Live Scan Completion Instructions

FOR EMR ONLY

DO NOT USE FOR EMT / AEMT CERTIFICATION

**PLEASE NOTE THAT THE CONTRIBUTING AGENCY ON THIS FORM IS CHESTER PUD OR I
AJ902 – NOR CAL EMS STAFF IS THE CUSTODIAN OF RECORDS FOR NOR-CAL EMS LIVE
SCAN SUBMISSIONS. THIS FORM MUST BE USED FOR NOR CAL EMS EMR
CERTIFICATION APPLICANTS**

- **Complete the requested applicant information:**
 - Name
 - AKA or Alias (if applicable)
 - Date of birth
 - Sex
 - Driver's License Number
 - Height
 - Weight
 - Eye Color
 - Hair Color
 - Place of Birth
 - Social Security Number
 - Home Address
 - Your Number - Re-enter your Social Security Number without dashes
 - Leave all other form fields blank
 - Sign and Date

- **For a list of Live Scan Locations go to: <https://oag.ca.gov/fingerprints/locations>**

- **Print three (3) copies of the Live Scan Form. Use only this pre-filled form provided by Nor-Cal EMS. Any incorrect information will delay the application process:**
 - Copy 1: Provide to the Live Scan Operator
 - Copy 2: Retain for your records
 - Copy 3: Provide to Nor-Cal EMS with your application

- **Live Scan reports usually take between 48-72 hours to process before we receive the results. However, results can occasionally take longer depending on your specific situation. Certification applications cannot be processed until we receive the results of both the California DOJ and FBI Live Scan Background Checks.**

Please contact Nor-Cal EMS at 530-229-3979 with any questions you may have regarding EMR certification / recertification or the Live Scan process.

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LIVE SCAN COMPLETION INSTRUCTIONS FOR EMR ONLY

NEW Emergency Medical Responder (EMR)

- It is now mandatory for all new Emergency Medical Responders to have a Nor-Cal EMS background check. **Please copy the forms on the next page**, have your prints rolled by a transmitting agency and submit a copy to this office along with your Initial EMR Application.

RECERTIFYING Emergency Medical Responder (EMR):

- Nor-Cal EMS is no longer using InfoCubic for background checks. If you have had an InfoCubic background check within your last two-year cycle, **you are not required to have another live scan.**
- If you are recertifying and have not had a background check, you are required have a Nor-Cal EMS background check. **Please copy the forms on the next page**, have your prints rolled by a transmitting agency and submit a copy to this office along with your Recertification Application.

If you do not recall having a background check, please call our office for clarification.

Thank you,

The Staff at Nor-Cal EMS



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AJ902 _____ Emergency Medical Tech License/Certification
 ORI (Code assigned by DOJ) _____ Authorized Applicant Type

EmrgMdTchCertCPC11105B11Res401 _____
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Chester Public Utility District _____ 20310 _____
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

PO Box 503 _____ Kathy Van Donge - Nor-Cal EMS _____
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)

Chester _____ CA 96020 _____ 5302293979 _____
 City State ZIP Code Contact Telephone Number

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name (AKA or Alias) _____

Last Name _____ First Name _____ Suffix _____

Date of Birth _____ Sex Male Female _____ Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number _____
 (Agency Billing Number)

Place of Birth (State or Country) _____ Social Security Number _____ Misc Number _____
 (Other Identification Number)

Home Address: _____ City _____ State ZIP Code _____
 Street Address or P.O. Box

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature Date

Your Number: _____ Level of Service: DOJ FBI
 OCA Number (Agency Identifying Number) (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

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

Employer (Additional response for agencies specified by statute):

Chester Public Utility District / EMR APPS _____
 Employer Name

PO Box 503 _____ 5302293979 _____
 Street Address or P.O. Box Telephone Number (optional)

Chester _____ CA 96020 _____ 20310 _____
 City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

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



REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170



REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies, criminal justice agencies; and agencies responsible for national security or public safety.



REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)