



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

A0444		Emerg Med Tech Lic/Cert	
ORI (Code assigned by DOJ)		Authorized Applicant Type	
EMT Certification			
Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)			
Contributing Agency Information:			
OCEMSA		04290	
Agency Authorized to Receive Criminal Record Information		Mail Code (five-digit code assigned by DOJ)	
PO Box 355		Licensing Specialist	
Street Address or P.O. Box		Contact Name (mandatory for all school submissions)	
Santa Ana	CA	92702	(714) 834-3500
City	State	ZIP Code	Contact Telephone Number

### Applicant Information:

Last Name		First Name		Middle Initial	Suffix
Other Name (AKA or Alias) Last		First			Suffix
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				
City		State		ZIP Code	

Your Number: N/A  
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):

Emergency Medical Services Authority		02531	
Employer Name		Mail Code (five digit code assigned by DOJ)	
11120 International Drive, Suite 200			
Street Address or P.O. Box			
Rancho Cordova	CA	95670	+1 (916) 322-4336
City	State	ZIP Code	Telephone Number (optional)

### Live Scan Transaction Completed By:

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