



REQUEST FOR LIVE SCAN SERVICE

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Applicant Submission

A0541

ORI (Code assigned by DOJ)

Certification/License

Authorized Applicant Type

Emergency Medical Technician

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

Contributing Agency Information:

County of San Diego Emergency Medical Services

Agency Authorized to Receive Criminal Record Information

00542

Mail Code (five-digit code assigned by DOJ)

6255 Mission Gorge Road

Street Address or P.O. Box

Susan A. Smith

Contact Name (mandatory for all school submissions)

San Diego

City

CA 92120-3505

State ZIP Code

6192856429

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex Male Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number

N/A

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.

Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

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):

Emergency Medical Services Authority

Employer Name

02531

Mail Code (five digit code assigned by DOJ)

10901 Gold Center Drive, Suite 400

Street Address or P.O. Box

Rancho Cordova

City

CA

State

95670

ZIP Code

9164313692

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed