

INSTRUCTIONS FOR FILLING IN LIVE SCAN FORM

All areas indicated on form must be filled in with the information noted below. Please type or print information clearly. ***TAKE THE ORIGINAL AND TWO COPIES OF THE FORM TO THE LIVE SCAN AGENCY WHEN YOU HAVE YOUR FINGERPRINTS DONE.***

ORI: The ORI number for the San Luis Obispo County EMS Agency is: **A0705**.

Type of Application: Emergency Medical Technician License/Certification

Job Title or Type of License, Certification or Permit: Emergency Medical Technician

Agency Address Set Contributing Agency:

San Luis Obispo County EMS Agency
2180 Johnson Ave. 2nd Floor
San Luis Obispo, CA 93401

Mail Code: The five-digit mail code assigned by DOJ is **07046**.

Contact Telephone Number: (805) 788-2513

Name of Applicant: Indicate complete name. Last Name, First Name and Middle Initial.

Alias: Indicate other names used (i.e., nickname, maiden name and/or alias name{s}).

Date of Birth: Indicate month-day-year of birth.

Sex: Check either Male or Female.

Height: Indicate your height in feet and inches.

Weight: Indicate your weight in pounds.

Eye Color: Indicate eye color.

Hair Color: Indicate hair color.

Place of Birth: Indicate the state or country of birth.

SSN: Indicate your Social Security Number.

Driver's License No.: Indicate your California Driver's License Number.

Level of Service: Check the FBI and DOJ boxes.

- **Do not fill in any other areas on the Request for Live Scan Applicant Submission Form.**
- **Verify that the Live Scan Operator has entered the correct information before transmitting.**
- **Verify that the Live Scan Operator has entered the ATI No. in the bottom portion of the**
- **Request for Live Scan Service Applicant Submission Form.**



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0705
 ORI (Code assigned by DOJ) _____
 Emergency Medical Technician License/Certification
 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:
San Luis Obispo County EMS Agency
 Agency Authorized to Receive Criminal Record Information
 2180 Johnson Ave., 2nd Floor
 Street Address or P.O. Box
 San Luis Obispo CA 93401
 City State ZIP Code
 07046
 Mail Code (five-digit code assigned by DOJ)
 Contact Name (mandatory for all school submissions)
 (805) 788-2511
 Contact Telephone Number

Applicant Information:
 Last Name _____ First Name _____ Middle Initial _____
 Other Name (AKA or Alias) Last _____ First _____ Suffix _____
 Date of Birth _____ Sex Male Female
 Height _____ Weight _____ Eye Color _____ Hair Color _____
 Place of Birth (State or Country) _____ Social Security Number _____
 Home Address Street Address or P.O. Box _____
 Driver's License Number _____
 Billing Number _____
 Misc. Number _____
 City _____ State _____ ZIP Code _____

Your Number: _____ Level of Service: [8] DOJ [8] FBI
 OCA Number (Agency Identifying Number)

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

Employer (Additional response for agencies specified by statute):
State Emergency Medical Services Authority
 Employer Name
 10901 Gold Center Dr. #400
 Street Address or P.O. Box
 Rancho Cordova CA 95670
 City State ZIP Code
 02531
 Mail Code (five digit code assigned by DOJ)
 +1 (919) 632-2433
 Telephone Number (optional)

Live Scan Transaction Completed By:
 Name of Operator _____ Date _____
 Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____