



## **S-SV EMS Completion Instructions - EMR REQUEST FOR LIVE SCAN SERVICE**

### **FOR EMR PERSONNEL ONLY - DO NOT USE FOR EMT / AEMT CERTIFICATION**

#### **1. 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

#### **2. For a map of Live Scan Locations:**

- Go to [www.ag.ca.gov](http://www.ag.ca.gov)
- Select "Programs A-Z" on the top of the page
- Select "Livescan Sites"

#### **3. Print three (3) copies of the Live Scan Form. Use only this pre-filled form provided by the S-SV EMS Agency. 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 the S-SV EMS Agency with your application

Please contact the S-SV EMS Agency at (916) 625-1702 with any questions you may have regarding the EMR certification / recertification or the Live Scan process.

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## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

A0518

ORI (Code assigned by DOJ)

S-SV EMS

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

Emerg Med Tech Lic/Cert

Authorized Applicant Type

### Contributing Agency Information:

Sierra - Sacramento Valley EMS Agency

Agency Authorized to Receive Criminal Record Information

5995 Pacific Street

Street Address or P.O. Box

Rocklin

City

CA

State

95677

ZIP Code

07374

Mail Code (five-digit code assigned by DOJ)

Victoria Pinette

Contact Name (mandatory for all school submissions)

(916) 625-1702

Contact Telephone Number

### Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

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

First Name

Middle Initial

Suffi

First

Suffi

Driver's License Number

Billing

Numbe

APPLICANT MUST PAY

(Agency Billing)

Misc.

Number

(Other Identification Number)

City

State

ZIP Code

Your Number: 64-

OCA Number (Re-enter your Social Security Number without dashes again)

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):

Sierra - Sacramento Valley EMS Agency

Employer Name

5995 Pacific Street

Street Address or P.O. Box

Rocklin

City

CA

State

95677

ZIP Code

07374

Mail Code (five digit code assigned by DOJ)

Text

(916) 625-1702

Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed