



**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: <https://oag.ca.gov/fingerprints/locations>

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 Emerg Med Tech Lic/Cert
 ORI (Code assigned by DOJ) Authorized Applicant Type
 S-SV EMS Agency
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:
 Sierra - Sacramento Valley EMS Agency 07374
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)
 535 Menlo Drive, Suite A Victoria Pinette
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)
 Rocklin CA 95765 916-625-1702
 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	Driver's License Number _____		
Height _____	Weight _____	Eye Color _____	Hair Color _____	Billing Number Applicant Must Pay <small>(Agency Billing Number)</small>
Place of Birth (State or Country) _____	Social Security Number _____		Misc. Number _____ <small>(Other Identification Number)</small>	
Home Address Street Address or P.O. Box _____		City _____	State _____	ZIP Code _____

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: _____ Original ATI Number _____
 (Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):
 Sierra - Sacramento Valley EMS Agency 07374
 Employer Name Mail Code (five digit code assigned by DOJ)
 535 Menlo Drive, Suite A
 Street Address or P.O. Box
 Rocklin CA 95765 916-625-1702
 City State ZIP Code Telephone Number (optional)

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