



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0518
ORI (Code assigned by DOJ)

Emerg Med Tech Lic/Cert
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
Agency Authorized to Receive Criminal Record Information

07374
Mail Code (five-digit code assigned by DOJ)

535 Menlo Drive, Suite A
Street Address or P.O. Box

John Poland
Contact Name (mandatory for all school submissions)

Rocklin CA 95765
City State ZIP Code

(916) 625-1702
Contact Telephone Number

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name: (AKA or Alias) _____

Last Name _____ First Name _____ Suffix _____

Sex Male Female

Date of Birth _____ Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Billing Number **Applicant Must Pay**
(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 _____

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

_____ Applicant Signature _____ Date _____

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

Employer (Additional response for agencies specified by statute):
Sierra - Sacramento Valley EMS Agency
Employer Name

535 Menlo Drive, Suite A (916) 625-1702
Street Address or P.O. Box Telephone Number (optional)

Rocklin CA 95765 07374
City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____