

**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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