



Guidelines for Completing REQUEST FOR LIVE SCAN SERVICE

Form Field	Comment/Instruction
OIR: (Originating Agency ID)	Pre-filled: AE000
Type of Application:	Pre-filled: EMERG MED TECH LIC/CERT
Type of License/Certification:	Pre-filled: Emergency Medical Technician
Contributing Agency Information:	Pre-filled: Emergency Medical Services Authority
Mail Code:	Pre-filled: 15035
Street Address:	Pre-filled: 2900 Fair Lane Court
Contact Name:	Pre-filled: Kristine Guth
City, State, Zip Code:	Pre-filled: Placerville, CA 95667
Contact Telephone Number:	Pre-filled: (530) 621-6500
Applicant Information:	Enter the requested information
Billing Number:	Pre-filled: APPLICANT TO PAY
Home Address:	Enter current home address
Your Number:	Enter you Social Security Number
Level of Service	Pre-filled: DOJ & FBI
Original ATI No.:	Leave blank (For use by Live Scan Operator)
Employer:	Pre-filled: EMS Authority

Print three (3) copies of the Live Scan Form. Only use the pre-filled out form provided by County of El Dorado EMS Agency. Any incorrect information will delay the application process.

Copy 1: Live Scan Operator.

Copy 2: Applicant

Copy 3: County of El Dorado EMS Agency with application for certification



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

<p>AE000 ORI (Code assigned by DOJ)</p> <p>EMERGENCY MEDICAL TECHNICIAN Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)</p> <p>Contributing Agency Information: <u>COUNTY OF EL DORADO EMS AGENCY</u> Agency Authorized to Receive Criminal Record Information <u>2900 Fair Lane Court</u> Street Address or P.O. Box <u>Placerville</u> <u>CA</u> <u>95667</u> City State ZIP Code</p>	<p>EMERG MED TECH LIC/CERT Authorized Applicant Type</p> <p><u>15035</u> Mail Code (five-digit code assigned by DOJ)</p> <p><u>Kristine Guth</u> Contact Name (mandatory for all school submissions)</p> <p><u>(530) 621-6500</u> Contact Telephone Number</p>
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Applicant Information:

<p>_____ Last Name</p> <p>_____ Other Name (AKA or Alias) Last</p> <p>_____ Date of Birth Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>_____ Height _____ Weight _____ Eye Color _____ Hair Color</p> <p>_____ Place of Birth (State or Country) _____ Social Security Number</p> <p>_____ Home Address Street Address or P.O. Box</p>	<p>_____ First Name _____ Middle Initial _____ Suffix</p> <p>_____ First _____ Suffix</p> <p>_____ Driver's License Number</p> <p>Billing Number <u>APPLICANT TO PAY</u> (Agency Billing Number)</p> <p>Misc. Number _____ (Other Identification Number)</p> <p>_____ City _____ State _____ ZIP Code</p>
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Your Number: _____
OCA Number (Agency Identifying Number)

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):

<p><u>Emergency Medical Services Authority</u> Employer Name</p> <p><u>11120 International Drive, Suite 200</u> Street Address or P.O. Box</p> <p><u>Rancho Cordova</u> <u>CA</u> <u>95670</u> City State ZIP Code</p>	<p><u>02531</u> Mail Code (five digit code assigned by DOJ)</p> <p><u>(916) 322-4336</u> Telephone Number</p>
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Live Scan Transaction Completed By:

<p>_____ Name of Operator</p> <p>_____ Transmitting Agency _____ LSID</p>	<p>_____ Date</p> <p>_____ ATI Number _____ Amount Collected/Billed</p>
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