



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0541

ORI (Code assigned by DOJ)

Emergency Medical Technician

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

Contributing Agency Information:

County of San Diego Emergency Medical Services

Agency Authorized to Receive Criminal Record Information

6255 Mission Gorge Rd

Street Address or P.O. Box

San Diego

City

CA

State

92120-3505

ZIP Code

Certification/License

Authorized Applicant Type

00542

Mail Code (five-digit code assigned by DOJ)

Susan A. Smith

Contact Name (mandatory for all school submissions)

(619) 285-6429

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

Suffix

First

Suffix

Driver's License Number

Billing

Number N/A

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

City

State

ZIP Code

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):

Emergency Medical Services Authority

Employer Name

10901 Gold Center Drive, Suite 400

Street Address or P.O. Box

Rancho Cordova

City

CA

State

95670

ZIP Code

02531

Mail Code (five digit code assigned by DOJ)

+1 (916) 431-3692

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed