



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A0947  
ORI (Code assigned by DOJ)

EMERG MED TECH LIC/CERT  
Authorized Applicant Type

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

#### Contributing Agency Information:

ICEMA  
Agency Authorized to Receive Criminal Record Information

00660  
Mail Code (five-digit code assigned by DOJ)

1425 SOUTH "D" STREET  
Street Address or P.O. Box

JULIE AVALOS  
Contact Name (mandatory for all school submissions)

SAN BERNARDINO CA 92415-0060  
City State ZIP Code

(909) 388-5823  
Contact Telephone Number

#### Applicant Information:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name Middle Initial Suffix

\_\_\_\_\_  
Other Name (AKA or Alias) Last

\_\_\_\_\_  
First Suffix

\_\_\_\_\_  
Date of Birth Sex  Male  Female

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Height Weight Eye Color Hair Color

\_\_\_\_\_  
Billing Number  
(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

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

02531  
Mail Code (five digit code assigned by DOJ)

10901 GOLD CENTER DRIVE, SUITE 400  
Street Address or P.O. Box

RANCHO CORDOVA CA 95670  
City State ZIP Code

+1 (916) 322-4336  
Telephone Number (optional)

#### Live Scan Transaction Completed By:

\_\_\_\_\_  
Name of Operator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Transmitting Agency LSID

\_\_\_\_\_  
ATI Number Amount Collected/Billed