



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: Michelle Patterson
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

AE000

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)

EMERG MED TECH LIC/CERT

Authorized Applicant Type

Contributing Agency Information:

COUNTY OF EL DORADO EMS AGENCY

Agency Authorized to Receive Criminal Record Information

2900 Fair Lane Court

Street Address or P.O. Box

Placerville

City

CA 95667

State ZIP Code

15035

Mail Code (five-digit code assigned by DOJ)

Michelle Patterson

Contact Name (mandatory for all school submissions)

(530) 621-6500

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 APPLICANT TO PAY

(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)

(916) 322-4336

Telephone Number

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed