



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

A0536  
ORI (Code assigned by DOJ)

EMT/PARAMEDIC/MOB INT NURSE  
Authorized Applicant Type

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

Contributing Agency Information:  
Emergency Medical Services Authority  
Agency Authorized to Receive Criminal Record Information

02531  
Mail Code (five-digit code assigned by DOJ)

10901 Gold Center Drive, Ste. 400  
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Rancho Cordova, CA 95670-6073  
City State ZIP Code

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 the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI)

If re-submission, list original ATI number: (Must provide proof of rejection)

Original ATI Number

### Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

### Live Scan Transaction Completed By:

JACQUELYN SMITH  
Name of Operator

Date

TCA  
Transmitting Agency LSID

ATI Number Amount Collected/Billed