

| THE PARTMENT OF | REQUESTFORL | IVE SCAN SERVICE Print Form | Reset Form |
|--|--|---|------------------------|
| Applicant Submission | | | |
| A0736 | | Emerg Med Tech Lic/Cert | |
| ORI (Code assigned by DOJ) | | Authorized Applicant Type | |
| EMT Certification | | | |
| | it OR Working Title (Maximum 30 characte | ers - if assigned by DOJ, use exact title assigned) | |
| Contributing Agency Information | n: | | |
| Los Angeles County EMS Agency | | 01107 | |
| Agency Authorized to Receive Criminal Record Information | | Mail Code (five-digit code assigned by DOJ) | |
| 10100 Pioneer Blvd, Suite 200 | | Nicholas Todd | |
| Street Address or P.O. Box | | Contact Name (mandatory for all school submissions) | |
| Santa Fe Springs CA 90670-8299 | | (562) 378-1632 | |
| City | State ZIP Code | Cor | ntact Telephone Number |
| Applicant Information: | | | |
| Last Name | | First Name | Middle Initial Coffin |
| Lastinaille | | rirst name | Middle Initial Suffix |
| Other Name (AKA or Alias) Last | | First | Cuffin |
| (AKA or Alias) Last | * | rust | Suffix |
| Date of Birth Sex | Male Female | Driver's License Number | |
| | | | |
| Height Weight | Eye Color Hair Color | Billing Number N/A | |
| | | (Agency Billing Number) | |
| Place of Birth (State or Country) | Social Security Number | Misc. Number N/A | |
| | | (Other Identification Number) | |
| Home | | | |
| Address Street Address or P.O. Box | | City | State ZIP Code |
| | | | |
| Your Number: N/A | | Level of Service: X DOJ X FBI | |
| OCA Number (Agenc | y Identifying Number) | | |
| If re submission list original AT | Lnumber | | |
| lf re-submission, list original ATI number: (Must provide proof of rejection) | | Original ATI Number | |
| | <i>5</i> | | |
| Employer (Additional response | for agencies specified by statut | e): | |
| Emergency Medical Services Authority | | 02531 | |
| Employer Name | | Mail Code (five digit code assigned by DOJ) | |
| 10901 Gold Center Drive, Suite | 400 | | |
| Street Address or P.O. Box | | | |
| Rancho Cordova | <u>CA</u> 95670 | +1 (916) 322-4336 | |
| City | State ZIP Code | Telephone Number (optional) | |
| | | | |
| Live Scan Transaction Completed By: | | | |
| Jacanelins | mtth | | |
| Name of Operator | | Date | |
| TCA | | | |
| Transmitting Agency | LSID | ATI Number Amount Co | ollected/Billed |