

## ***INSTRUCTIONS FOR FILLING IN LIVE SCAN FORM***

**All areas indicated on form must be filled in with the information noted below.** Please type or print information clearly. ***TAKE THE ORIGINAL AND TWO COPIES OF THE FORM TO THE LIVE SCAN AGENCY WHEN YOU HAVE YOUR FINGERPRINTS DONE.***

**ORI:** The ORI number for the San Luis Obispo County EMS Agency is: **A0705**.

**Type of Application:** Emergency Medical Technician License/Certification

**Job Title or Type of License, Certification or Permit:** Emergency Medical Technician

**Agency Address Set Contributing Agency:**

San Luis Obispo County EMS Agency  
2180 Johnson Ave. 2<sup>nd</sup> Floor  
San Luis Obispo, CA 93401

**Mail Code:** The five-digit mail code assigned by DOJ is **07046**.

**Contact Telephone Number:** (805) 788-2513

**Name of Applicant:** Indicate complete name. Last Name, First Name and Middle Initial.

**Alias:** Indicate other names used (i.e., nickname, maiden name and/or alias name{s}).

**Date of Birth:** Indicate month-day-year of birth.

**Sex:** Check either Male or Female.

**Height:** Indicate your height in feet and inches.

**Weight:** Indicate your weight in pounds.

**Eye Color:** Indicate eye color.

**Hair Color:** Indicate hair color.

**Place of Birth:** Indicate the state or country of birth.

**SSN:** Indicate your Social Security Number.

**Driver's License No.:** Indicate your California Driver's License Number.

**Level of Service:** Check the FBI and DOJ boxes.

- **Do not fill in any other areas on the Request for Live Scan Applicant Submission Form.**
- **Verify that the Live Scan Operator has entered the correct information before transmitting.**
- **Verify that the Live Scan Operator has entered the ATI No. in the bottom portion of the**
- **Request for Live Scan Service Applicant Submission Form.**



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A0705  
 ORI (Code assigned by DOJ) \_\_\_\_\_  
 Emergency Medical Technician License/Certification  
 Authorized Applicant Type \_\_\_\_\_  
 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:  
San Luis Obispo County EMS Agency  
 Agency Authorized to Receive Criminal Record Information  
 2180 Johnson Ave., 2nd Floor  
 Street Address or P.O. Box  
 San Luis Obispo CA 93401  
 City State ZIP Code  
 07046  
 Mail Code (five-digit code assigned by DOJ)  
 Contact Name (mandatory for all school submissions)  
 (805) 788-2511  
 Contact Telephone Number

Applicant Information:  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Other Name (AKA or Alias) Last \_\_\_\_\_ First \_\_\_\_\_ Suffix \_\_\_\_\_  
 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 \_\_\_\_\_  
 Driver's License Number \_\_\_\_\_  
 Billing Number \_\_\_\_\_  
 Misc. Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Your Number: \_\_\_\_\_ Level of Service: [8] DOJ [8] FBI  
 OCA Number (Agency Identifying Number)

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

Employer (Additional response for agencies specified by statute):  
State Emergency Medical Services Authority  
 Employer Name  
 10901 Gold Center Dr. #400  
 Street Address or P.O. Box  
 Rancho Cordova CA 95670  
 City State ZIP Code  
 02531  
 Mail Code (five digit code assigned by DOJ)  
 +1 (919) 632-2433  
 Telephone Number (optional)

Live Scan Transaction Completed By:  
 Name of Operator \_\_\_\_\_ Date \_\_\_\_\_  
 Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_