



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0536 EMT/PARAMEDIC/MOB INT NURSE
ORI (Code assigned by DOJ) 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 02531
Agency Authorized to Receive Criminal Record Information 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: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number) (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:

Name of Operator Date
Transmitting Agency LSID ATI Number Amount Collected/Billed

INSTRUCTIONS

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 EMS Authority is **A0536**.

Type of Application

License

Job Title or Type of License, Certification or Permit:

Paramedic

Agency Address Set Contributing Agency

Emergency Medical Services Authority
10901 Gold Center Drive, Ste.400
Rancho Cordova, CA. 95670-6073

Mail Code

The five digit mail code assigned by DOJ is **02531**.

Contact Telephone Number

(916) 323-9875

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.

SOC

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

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170