



REQUEST FOR LIVE SCAN SERVICE

Print form

Reset Form

Applicant Submission

A0444

ORI (Code assigned by DOJ)

Emerg Med Tech Lic/Cert

Authorized Applicant Type

EMT Certification

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

Contributing Agency Information:

OCEMSA

Agency Authorized to Receive Criminal Record Information

04290

Mail Code (five-digit code assigned by DOJ)

PO Box 355

Street Address or P.O. Box

Licensing Specialist

Contact Name (mandatory for all school submissions)

Santa Ana

City

CA

State

92702

ZIP Code

(714) 834-3500

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

N/A

(Agency Billing Number)

Misc.

Number

N/A

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

CA

State

ZIP Code

Your Number:

N/A

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

02531

Mail Code (five digit code assigned by DOJ)

10901 Gold Center Drive, Suite 400

Street Address or P.O. Box

Rancho Cordova

City

CA

State

95670

ZIP Code

+1 (916) 322-4336

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed