

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0541 Type of Application: Certification/License
Code assigned by DOJ

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

Agency Address Set Contributing Agency:

County of San Diego Emergency Medical Services

Agency authorized to receive criminal history information

6255 Mission Gorge Rd.

Street No. Street or P.O. Box

San Diego

CA

92120-3599

City

State

Zip Code

00542

Mail Code (five digit code assigned by DOJ)

Carlos Flores

Contact Name (Mandatory for all school submissions)

(619) 285-6429

Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. **BIL-** N/A
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____ Level of Service DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)

City State Zip Code () Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: <u>A0541</u> <small>Code assigned by DOJ</small>	Type of Application: <u>Certification/License</u>
Job Title or Type of License, Certification or Permit: <u>Emergency Medical Technician</u>	

Agency Address Set Contributing Agency: County of San Diego Emergency Medical Services		<u>00542</u> <small>Mail Code (five digit code assigned by DOJ)</small>	
Agency authorized to receive criminal history information 6255 Mission Gorge Rd.		<u>Carlos Flores</u> <small>Contact Name (Mandatory for all school submissions)</small>	
<u>San Diego</u> <small>City</small>	<u>CA</u> <small>State</small>	<u>92120-3599</u> <small>Zip Code</small>	<u>(619) 285-6429</u> <small>Contact Telephone No.</small>

Name of Applicant: _____ <small>(please print) Last First MI</small>	
Alias: _____ <small>Last First</small>	Driver's License No. _____
Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL- <u>N/A</u> <small>Agency Billing Number (if applicable)</small>
Height: _____ Weight: _____	Misc. No: _____
Eye Color: _____ Hair Color: _____	Home Address: _____ <small>Street or P.O. Box</small>
Place of Birth: _____	_____ <small>City, State and Zip Code</small>
SOC: _____	

Your Number: _____ <small>OCA No. (Agency Identifying No.)</small>	Level of Service <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI
If resubmission, list Original ATI No. _____	

Employer: (Additional response for agencies specified by statute)			
Employer Name _____			
Street No. _____	Street or P.O. Box _____	_____ <small>Mail Code (five digit code assigned by DOJ)</small>	
City _____	State _____	Zip Code _____	() _____ <small>Agency Telephone No. (optional)</small>

Live Scan Transaction Completed By: _____ <small>Name of Operator</small>	Date: _____	
Transmitting Agency _____	ATI No. _____	Amount Collected/Billed _____

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

Agency Address Set Contributing Agency: County of San Diego Emergency Medical Services		00542
<small>Agency authorized to receive criminal history information</small>		<small>Mail Code (five digit code assigned by DOJ)</small>
6255 Mission Gorge Rd.		Carlos Flores
<small>Street No.</small>	<small>Street or P.O. Box</small>	<small>Contact Name (Mandatory for all school submissions)</small>
San Diego	CA	(619) 285-6429
<small>City</small>	<small>State</small>	<small>Contact Telephone No.</small>
92120-3599	<small>Zip Code</small>	

Name of Applicant: <small>(please print)</small>			
<small>Last</small>	<small>First</small>	<small>MI</small>	
Alias:		Driver's License No.	
<small>Last</small>	<small>First</small>		
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL-	N/A
			<small>Agency Billing Number (if applicable)</small>
Height:	Weight:	Misc. No:	
Eye Color:	Hair Color:	Home Address:	
		<small>Street or P.O. Box</small>	
Place of Birth:			
		<small>City, State and Zip Code</small>	
SOC:			

Your Number: _____ <small>OCA No. (Agency Identifying No.)</small>	Level of Service	<input checked="" type="checkbox"/> DOJ	<input type="checkbox"/> FBI
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Employer: (Additional response for agencies specified by statute)			
Employer Name _____			
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		() _____	
<small>City</small>	<small>State</small>	<small>Zip Code</small>	<small>Agency Telephone No. (optional)</small>

Live Scan Transaction Completed By: _____ <small>Name of Operator</small>	Date: _____	
Transmitting Agency _____	ATI No. _____	Amount Collected/Billed _____