



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0736 ORI (Code assigned by DOJ)	Ambulance Owner and Operator Authorized Applicant Type
CPC 11105(b)(11) Res No. 786 Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)	

Contributing Agency Information:

Los Angeles County EMS Agency Ambulance Programs Agency Authorized to Receive Criminal Record Information	24034 Mail Code (five-digit code assigned by DOJ)
10100 Pioneer Blvd, Suite 200 Street Address or P.O. Box	Kurt Kunkel Contact Name (mandatory for all school submissions)
Santa Fe Springs CA 90670 City State ZIP Code	(562) 378-1687 Contact Telephone Number

Applicant Information:

Last Name	First Name	Middle Initial	Suffix
Other Name: (AKA or Alias)			
Last Name	First Name	Suffix	
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number	
Height	Weight	Eye Color	Hair Color
Place of Birth (State or Country)	Social Security Number		
Billing Number	(Agency Billing Number)		
Misc. Number	(Other Identification Number)		
Home Address Street Address or P.O. Box	City	State	ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

_____ Applicant Signature _____ Date

Your Number: N/A OCA Number (Agency Identifying Number)	Level of Service: <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)
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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 _____

Street Address or P.O. Box _____ Telephone Number (optional) _____

City _____ State _____ ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____

Live Scan Transaction Completed By:

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