



REQUEST FOR LIVE SCAN SERVICE

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Applicant Submission

A0736 Emerg Med Tech Lic/Cert
 ORI (Code assigned by DOJ) 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:

Los Angeles County EMS Agency 01107
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

10100 Pioneer Blvd, Suite 200 Nicholas Todd
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)

Santa Fe Springs CA 90670-8299 (562) 378-1632
 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 N/A
 (Agency Billing Number)

Place of Birth (State or Country) Social Security Number Misc. Number N/A
 (Other Identification Number)

Home Address Street Address or P.O. Box City 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 02531
 Employer Name Mail Code (five digit code assigned by DOJ)

10901 Gold Center Drive, Suite 400 +1 (916) 322-4336
 Street Address or P.O. Box Telephone Number (optional)

Rancho Cordova CA 95670 CA 95670
 City State ZIP Code

Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed