



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A9347

ORI (Code assigned by DOJ)

Emerg Med Tech Lic/Cert
Authorized Applicant Type

Emergency Medical Technician

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

Contributing Agency Information:

Santa Cruz County Health Services Agency / EMS
Agency Authorized to Receive Criminal Record Information

11053
Mail Code (five-digit code assigned by DOJ)

P. O. Box 962
Street Address or P.O. Box

Celia Barry
Contact Name (mandatory for all school submissions)

Santa Cruz CA 95061
City State ZIP Code

(831) 454-4751
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: 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)

1930 9th St.
Street Address or P.O. Box

Sacramento CA 95811
City State 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