

**REQUEST FOR LIVE SCAN SERVICE**  
**Applicant Submission**

ORI: <u>A0444</u> <small>Code assigned by DOJ</small>	Type of Application: <u>License, Certification, Permit</u>
Job Title or Type of License, Certification or Permit: <u>Emergency Medical Technician</u>	

Agency Address Set Contributing Agency: <u>OCEMSA</u>		<u>04290</u> <small>Mail Code (five digit code assigned by DOJ)</small>
<small>Agency authorized to receive criminal history information</small>		
<u>P.O. Box 355</u> <small>Street No. Street or P.O. Box</small>		<u>Maria Cervantes</u> <small>Contact Name (Mandatory for all school submissions)</small>
<u>Santa Ana</u> <small>City</small>	<u>CA</u> <small>State</small>	<u>92702</u> <small>Zip Code</small>
		<u>(714) 834-3500</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. <b>BIL-</b> _____ <small>Agency Billing Number (if applicable)</small>
Height: _____ Weight: _____	Phone: _____
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 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 _____
City _____	State _____ Zip Code _____
Mail Code (five digit code assigned by DOJ) _____	
( ) _____ <small>Agency Telephone No. (optional)</small>	

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