

To complete this form electronically - place your cursor next to 'name of applicant', then tab through the field. Be sure to print at least 2 copies, one for the Live Scan Agency and one to submit with your EMT application

**REQUEST FOR LIVE SCAN SERVICE**

***Applicant Submission***

ORI: A1958 Type of Application: (check one)  Employment  License,  Certification,  Permit,  Volunteer  
Job Title or Type of License, Certification or Permit Emergency Medical Technician

Agency Address Set Contributing Agency:  
Alameda County EMS Agency 07337  
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)  
1000 San Leandro Blvd. Michelle Voos  
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)  
San Leandro CA 94577 (510) 667-7984  
City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
Last First MI  
AKA's: \_\_\_\_\_ CDL No. \_\_\_\_\_  
Last First  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX:  Male  Female Misc No. BIL - \_\_\_\_\_  
HT: \_\_\_\_ feet \_\_\_\_ inches WT: \_\_\_\_ lbs. Misc No. \_\_\_\_\_  
EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street or PO Box  
POB: \_\_\_\_\_  
City State 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 Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)  
\_\_\_\_\_  
Employer Name  
\_\_\_\_\_  
Street No. 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: \_\_\_\_\_

**ORIGINAL-Live Scan Operator; SECOND COPY-Requesting Agency; THIRD COPY-Applicant**