



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AA648 Emerg Med Tech Lic/Cert
 ORI (Code assigned by DOJ) 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:

Kern County EMS Division	11987
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)
1800 Mt. Vernon Ave.	Jeff Fariss
Street Address or P.O. Box	Contact Name (mandatory for all school submissions)
Bakersfield	(661)321-3000
City	Contact Telephone Number
CA 93306	
State ZIP Code	

Applicant Information:

Last Name	First Name	Middle Initial	Suffix
Other Name (AKA or Alias) Last	First		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		
Home Address	Billing Number (Agency Billing Number)		
Street Address or P.O. Box	Misc. Number (Other Identification Number)		
	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	02531
Employer Name	Mail Code (five digit code assigned by DOJ)
10901 Gold Center Drive, Suite 400	
Street Address or P.O. Box	
Rancho Cordova	CA 95670
City	State ZIP Code
	+1 (916) 322-4336
	Telephone Number (optional)

Live Scan Transaction Completed By:

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