



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AA648 Emerg Med Tech Lic/Cert
 ORI (Code assigned by DOJ) Authorized Applicant Type

Emergency Medical Dispatcher (EMD)
 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 CA 93306 (661)321-3000
 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 _____
 (Agency Billing Number)
 Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number _____
 (Other Identification Number)
 Home Address _____ City _____ State _____ ZIP Code _____
 Street Address or P.O. Box _____

Your Number: _____ Level of Service: DOJ FBI
 OCA Number (Agency Identifying Number)

If re-submission, list original ATI number: _____
 (Must provide proof of rejection) Original ATI Number _____

_____ Mail Code (five digit code assigned by DOJ)

 City _____ State _____ ZIP Code _____ Telephone Number (optional) _____

Live Scan Transaction Completed By:
 Name of Operator _____ Date _____
 Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____