



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

AA648  
ORI (Code assigned by DOJ)

Emerg Med Tech Lic/Cert  
Authorized Applicant Type

Paramedic  
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  
Agency Authorized to Receive Criminal Record Information  
1800 Mt. Vernon Ave.  
Street Address or P.O. Box  
Bakersfield CA 93306  
City State ZIP Code

11987  
Mail Code (five-digit code assigned by DOJ)  
Jeff Fariss  
Contact Name (mandatory for all school submissions)  
(661)321-3000  
Contact Telephone Number

### Applicant Information:

Last Name  
Other Name (AKA or Alias) Last  
Date of Birth Sex  Male  Female  
Height Weight Eye Color Hair Color  
Place of Birth (State or Country) Social Security Number  
Home Address Street Address or P.O. Box

First Name Middle Initial Suffix  
First Suffix  
Driver's License Number  
Billing Number (Agency Billing Number)  
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):

Employer Name  
Street Address or P.O. Box  
City State ZIP Code

Mail Code (five digit code assigned by DOJ)  
Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator  
Transmitting Agency LSID

Date  
ATI Number Amount Collected/Billed