

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A0532 Type of Application: CERTIFICATION
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: EMERGENCY MEDICAL TECHNICIAN

Agency Address Set Contributing Agency:

SACRAMENTO COUNTY EMS AGENCY 11618
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

9616 MICRON AVENUE, SUITE 635 BRUCE WAGNER
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)

SACRAMENTO CA 95827 (916) 875-9753
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - N/A
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: N/A

Home Address: _____
Street No. Street or PO Box

Eye Color: _____ Hair Color: _____
City, State and Zip Code

Place of Birth: _____

Social Security Number: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

Street No. _____ Street or PO Box _____ 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 _____