

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

Agency authorized to receive criminal history information

11618

Mail Code (five-digit code assigned by DOJ)

9616 MICRON AVENUE, SUITE 635

Street No. Street or PO Box

BRUCE WAGNER

Contact Name (Mandatory for all school submissions)

SACRAMENTO CA 95827

City State Zip Code

(916) 875-9753

Contact Telephone No.

Name of Applicant: (Please print) Last First MI

Alias: Last First Driver's License No:

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

Height: Weight: Misc. Number: N/A

Home Address:

Eye Color: Hair Color: Street No. Street or PO Box

Place of Birth: City, State and Zip Code

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: Name of Operator Date

Transmitting Agency ATI No. Amount Collected/Billed