



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

AA 880 \_\_\_\_\_ Emergency Medical Technician License/Certificate  
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:

Monterey County EMS Agency \_\_\_\_\_ 12201 \_\_\_\_\_  
Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ)

1441 Schilling Place \_\_\_\_\_ Steve Brooks \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions)

Salinas \_\_\_\_\_ CA 93901 \_\_\_\_\_ (831) 755-4948 \_\_\_\_\_  
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 Street Address or P.O. Box \_\_\_\_\_ 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 \_\_\_\_\_

Sacramento \_\_\_\_\_ CA 95670 \_\_\_\_\_  
City \_\_\_\_\_ State ZIP Code \_\_\_\_\_ Telephone Number (optional)

#### Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_