

## Guidelines for Completing

Form Field	Comment / Instruction
OIR: (Originating Agency ID)	Pre-filled: AE000
Type of Application:	Pre-filled: EMERG MED TECH LIC/CERT
Type of License/Certification:	Pre-filled: Emergency Medical Technician
Contributing Agency Information:	Pre-filled: Emergency Medical Services Authority
Mail Code:	Pre-filled: 15035
Street Address:	Pre-filled: 2900 Fair Lane Court
Contact Name:	Pre-filled: Richard Todd
City, State, Zip Code:	Pre-filled: Placerville, CA 95667
Contact Telephone Number:	Pre-filled: (530) 621-6500
<b>Applicant Information:</b>	<b>Enter the requested information</b>
Billing Number:	Pre-filled: APPLICANT TO PAY
<b>Home Address:</b>	<b>Enter current home address</b>
<b>Your Number:</b>	<b>Enter you Social Security Number</b>
Level of Service	Pre-filled: DOJ & FBI
Original ATI No.:	Leave blank (For use by Live Scan Operator)
Employer:	Pre-filled: EMS Authority

**Print three (3) copies** of the Live Scan Form. Only use the pre-filled out form provided by County of El Dorado EMS Agency. Any incorrect information will delay the application process.

Copy 1: Live Scan Operator.

Copy 2: Applicant

Copy 3: County of El Dorado EMS Agency with application for certification

*Applicant Submission*

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ORI (Code assigned by DOJ)

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

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Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

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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

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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

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Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number

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Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed

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