

# County of Santa Clara Emergency Medical Services System



**Emergency Medical Services Agency**  
976 Lenzen Avenue, Suite 1200  
San Jose, CA 95126  
408.885.4250 voice 408.885.3538 fax  
[www.sccemsagency.org](http://www.sccemsagency.org)

## LIVE SCAN FINGERPRINT APPLICANT SUBMISSION INFORMATION

As authorized by Health & Safety Code Section 1797.117 and 1797.118 all new applicants for certification or those whose certification has lapsed beyond one year are required to submit fingerprints for a California Department of Justice (DOJ) criminal history check and a Federal Bureau of Investigation (FBI) criminal history check. The Applicant Live Scan process for the submission of fingerprints and the automated criminal history check and response replaces fingerprint cards previously used.

You may download a Request for Live Scan Service Applicant Submission form from the Santa Clara County EMS Agency website at [www.sccemsagency.org](http://www.sccemsagency.org). Please refer to the attached instructions sheet for completing the Request for Live Scan Services Applicant Submission Form. If the form is not completed correctly, the fingerprints may be rejected. A list of Live Scan locations can be found at the DOJ Live Scan web site at <http://aq.ca.gov/fingerprints/publications/contact.php#santaclara>.

Fingerprint fees for processing the criminal history check are established by DOJ and may be subject to change these fees are payable to the Department of Justice or to the Live Scan Agency doing the fingerprinting. The "rolling fee" for Live Scan fingerprinting, which is separate from the fee for processing the criminal history check(s), is paid directly to the agency conducting the Live Scan fingerprinting, and may vary by agency.

The Santa Clara County EMS Agency and California EMS Authority will receive the results of the criminal history check(s) electronically within seven to ten days of being fingerprinted in most cases. However, in some rare cases it may take as long as 30 days or more to receive results. A copy of the DOJ and FBI applicant response may be provided to the subject of the record upon request, but may not be disseminated to any other employment or licensing agency.

**FBI INQUIRES-** If after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should submit a letter of application for change directly to the agency which contributed the questioned information. The subject of a record may also direct his/her letter of challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division; ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. [Order No. 1134-86, 51 FR 16677, May 6, 1986, as amended by Order NO. 2258-99, 64 FR 52226, Sept. 28, 1999] Federal Code of Regulations, Title 28, Section 16.34.

# INSTRUCTIONS FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

Complete only the areas listed below. If you are using the printed form from the Santa Clara County EMS Agency website some information may already be completed.

## **Applicant Submission Section (set):**

**ORI (set):** A1268

**Authorized Applicant Type (set):** Certification

**Type of License/Certification (set):** Emergency Medical Technician

## **Contributing Agency Information Section (set):**

**Santa Clara County EMS Agency**

**976 Lenzen Avenue**

**San Jose, CA 95126**

**Mail Code (set):** 04165

**Contact Name and Telephone Number (set):** Josh Davies (408) 885-4250

## **Applicant Information Section:**

**Name of Applicant:** Last Name, First Name and Middle Initial

**Other Name (AKA or Alias):** Last and First

**Date of Birth:** Indicate month-day-year of birth

**Sex:** Check either Male or Female

**Driver's License Number:** Indicate your California Driver's License Number

**Height:** Indicate your height in feet and inches

**Weight:** Indicate your weight in pounds

**Eye Color:** Indicate eye color

**Hair Color:** Indicate hair color

**Billing Number:** None required

**Place of Birth:** Indicate the state or country of birth

**Social Security Number:** Indicate your Social Security Number

**Home Address:** Indicate Home Address (Street, City, State, Zip Code)

**Level of Service (set):** Check the FBI and DOJ boxes.

## **Employer (Additional response for agencies specified by statute):**

**Employer Name:** Emergency Medical Services Authority

**Mail Code:** 02531

**10901 Gold Center Drive, Suite 400**

**Rancho Cordova, CA 95670-6073**

**(916) 322-4336**

**\*Do not fill in any other areas on the Request for Live Scan Applicant Submission Form. Verify that the Live Scan Operator has entered the correct information before transmitting. Verify that the Live Scan Operator has entered the ATI No. in the bottom portion of the Request for Live Scan Service Applicant Submission Form.**



# REQUEST FOR LIVE SCAN SERVICE

[Print Form](#)

[Reset Form](#)

## Applicant Submission

A1268  
ORI (Code assigned by DOJ)

Certification  
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:

Santa Clara County EMS Agency  
Agency Authorized to Receive Criminal Record Information

04165  
Mail Code (five-digit code assigned by DOJ)

976 Lenzen Ave  
Street Address or P.O. Box

Josh Davies  
Contact Name (mandatory for all school submissions)

San Jose CA 95126  
City State ZIP Code

(408) 885-4250  
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  
Employer Name

02531  
Mail Code (five digit code assigned by DOJ)

10901 Gold Center Dr. Suite 400  
Street Address or P.O. Box

Rancho Cordova CA 95670-6073  
City State ZIP Code

+1 (916) 322-4336  
Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed