

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DR., SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336 FAX (916) 324-2875



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

As authorized by Health & Safety Code Section 1797.172 all new applicants for licensure as a Paramedic and Paramedics whose licenses have 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 the blue and white fingerprint card previously used. However, if you are currently living outside California, you must submit rolled fingerprints on the blue and white paper fingerprint card and pay all applicable fees (See Instructions for Completing Fingerprint Card).

You may download a Request for Live Scan Service Applicant Submission form from the EMS Authority's website at [www.emsa.ca.gov/licensure\\_forms\\_and\\_applications](http://www.emsa.ca.gov/licensure_forms_and_applications). Please refer to the attached instructions sheet for completing the Request for Live Scan Services Applicant Submission Form. Live Scan terminals where you can go to be fingerprinted are located in sheriffs' offices and police departments throughout the state as well as public applicant Live Scan sites. A list of Live Scan terminal locations can be found on the Internet at the DOJ Live Scan web site at <http://ag.ca.gov/fingerprints/publications/contact.php>.

Fingerprint fees for processing the criminal history check are established by DOJ and may be subject to change. The current nonrefundable fee for this process is \$49 (\$32 for the state and \$17 for the federal background checks) and is 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. The rolling fee may vary by agency. Many agencies require an appointment, so we encourage you to call the Live Scan equipped agency before having your fingerprints done.

The 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, if manual processing is required, it may take longer to receive the results and in some rare cases it may take as long as 30 days or more. Once you have been fingerprinted, send the second copy of the Request for Live Scan Service form to the EMS Authority along with your paramedic license application and other required documentation as listed on the back of the Initial License Application.

If you have any questions, please call the Paramedic Program Unit at (916) 323-9875.

**IMPORTANT: Please refer to the attached instruction sheet for completing the Live Scan Applicant Submission Form. If the form is not completed correctly, the fingerprints may be rejected by DOJ and you will be required to have your fingerprints taken again (there should be no charges for reprinting rejected fingerprints providing you take the reject notice with you when you go to be reprinted).**

## **INSTRUCTIONS**

**All areas indicated on form must be filled in with the information noted below. Please type or print information clearly. TAKE THE ORIGINAL AND TWO COPIES OF THE FORM TO THE LIVE SCAN AGENCY WHEN YOU HAVE YOUR FINGERPRINTS DONE.**

**ORI**

The ORI number for the EMS Authority is **A0536**.

**Type of Application**

License

**Job Title or Type of License, Certification or Permit:**

Paramedic

**Agency Address Set Contributing Agency**

Emergency Medical Services Authority  
10901 Gold Center Drive, Ste.400  
Rancho Cordova, CA. 95670-6073

**Mail Code**

The five digit mail code assigned by DOJ is **02531**.

**Contact Telephone Number**

(916) 323-9875

**Name of Applicant**

Indicate complete name. Last Name, First Name and Middle Initial.

**Alias**

Indicate other names used (i.e., nickname, maiden name and/or alias name{s}).

**Date of Birth**

Indicate month-day-year of birth.

**Sex**

Check either Male or Female.

**Height**

Indicate your height in feet and inches.

**Weight**

Indicate your weight in pounds.

**Eye Color**

Indicate eye color.

**Hair Color**

Indicate hair color.

**Place of Birth**

Indicate the state or country of birth.

**SOC**

Indicate your Social Security Number.

**Driver's License No.**

Indicate your California Driver's License Number.

**Level of Service**

Check the FBI and DOJ boxes.

**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**

BCII 8016 (3/07)

**Applicant Submission**

ORI: A0536 Type of Application: EMT/PARAMEDIC/MOB INT NURSE

Job Title or Type of License, Certification or Permit: Paramedic

Agency Address Set Contributing Agency:

Emergency Medical Services Authority 02531  
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)

10901 Gold Center Drive, Ste.400  
Street No. Street or PO Box

Rancho Cordova, CA. 95670-6073 ( )  
City State Zip Code Contact Name (Mandatory for all school submissions)  
Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(please print) Last First M

Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First

Date of Birth \_\_\_\_\_ Sex:  Male  Female Misc No. BIL -

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc No. \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
Street or PO Box

SOC: \_\_\_\_\_  
City, State and Zip Code

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service  DOJ  FBI

**Paramedic Licensee: YOU MUST have BOTH DOJ & FBI**

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Street No. Street or PO Box

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Mail Code (five digit code assigned by DOJ)

\_\_\_\_\_  
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

\_\_\_\_\_  
Transmitting Agency

\_\_\_\_\_  
ATI No.

\_\_\_\_\_  
Amount Collected/Billed