



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A1268

ORI (Code assigned by DOJ)

Emergency Medical Technician (EMT) Lic/Cert  
Authorized Applicant Type

#### EMT Certificate

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

700 Empey Way

Street Address or P.O. Box

San Jose

City

CA

State

95128

ZIP Code

04165

Mail Code (five-digit code assigned by DOJ)

Jackie Lowther

Contact Name (mandatory for all school submissions)

(408) 794-0600

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 N/A

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security 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 Service Authority

Employer Name

02531

Mail Code (five digit code assigned by DOJ)

10901 Gold Center Drive, Ste. 400

Street Address or P.O. Box

Rancho Cordova

City

CA

State

95670

ZIP Code

+1 (916) 431-3692

Telephone Number (optional)

#### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed