



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AD740 _____ Emergency Medical Technician (EMT) Lic./Cert.
ORI (Code assigned by DOJ) _____ 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:

Solano County EMS Agency _____ 14775 _____
Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ)

355 Tuolumne St., Suite 2400, MS 20-240 _____ Hermie Zulueta, RN _____
Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions)

Vallejo _____ CA 94590 _____ (707) 784-8155 _____
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: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number)

If re-submission, list original ATI number: _____ Original ATI Number _____
(Must provide proof of rejection)

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

Rancho Cordova _____ CA 95670 _____ +1 (916) 431-3692 _____
City _____ State ZIP Code _____ Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____