INSTRUCTIONS FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE 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 (may be edited to “CCT/RN” or “Santa Clara County EMS Credential”)

Contributing Agency Information Section (set):
Santa Clara County EMS Agency
700 Empey Way
San Jose, CA 95128

Mail Code (set): 04165
Contact Name and Telephone Number (set): Jackie Lowther (408) 794-0600

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.
Verify that the Live Scan Operator has entered the ATI No. in the bottom portion of the Request for Live Scan Service Form.

See Link for Live Scan Service Locations: https://oag.ca.gov/fingerprints/locations#santaclara

Prepare to bring cash. Fee will be between approximately $69 and $89