

## ***INSTRUCTIONS FOR FILLING IN LIVE SCAN FORM***

**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 San Luis Obispo County EMS Agency is: **A0705**.

**Type of Application:** Emergency Medical Technician License/Certification

**Job Title or Type of License, Certification or Permit:** Emergency Medical Technician

**Agency Address Set Contributing Agency:**

San Luis Obispo County EMS Agency  
2995 McMillan Ave., Ste. #178

San Luis Obispo, CA 93401

**Mail Code:** The five-digit mail code assigned by DOJ is **07046**.

**Contact Telephone Number:** (805) 788-2519

**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.

**SSN:** 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. If results come back as "Name search" or "Name check", this is not correct and the Live Scan will have to be repeated.**
- **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.**
- **Applicants' fingerprints will be retained by the CA DOJ and searched against other fingerprints on file, including latent fingerprints.**
- **Applicants have the right to obtain a copy of their criminal history record (if any), to challenge the accuracy and completeness of their record, and to obtain a determination as to the validity of their record before the agency makes a final determination concerning their eligibility for certification. If interested, please visit the CA DOJ website, *Criminal Records - Request your own*, and follow the directions to view and or challenge your criminal record.**



# Fact Sheet

## FBI Fingerprint Rejections and Name Check Activities

When an applicant's fingerprints are rejected due to poor quality, the applicant should fingerprint as a resubmission. There are no fingerprint fees charged for a resubmission. The live scan vendor might charge a fingerprint rolling fee.

### **Instructions for Agency receiving rejection notice:**

1. Provide the applicant a copy of the rejection notice. Some live scan sites require proof of the rejection to re-fingerprint the applicant.
2. Advise the applicant that all information (data) on the resubmission must match the original submission; including the same ATI from the previous transaction. The rejection notice has instructions for resubmission.

### **Resubmission Instructions for the Applicant/ Live Scan operator:**

1. Ensure the Live Scan operator enters the second transaction as a resubmission, utilizing the ATI in the OATI field, and all original identifying information (DOB, App Type, etc.) from the previously rejected transaction. (**Note:** There is generally no charge for a resubmission.)
2. The applicant must review all identifying information (ATI, DOB, App Type, etc.) in the resubmission to ensure it is the same as in the initial transaction.
3. If the resubmission (above) is rejected for poor quality and the identifying information was consistent, a "Name Check" may be performed by the FBI.

**Please Note:** A resubmission cannot be used to correct erroneous information on background check results.

### **Second Rejection (after resubmission, above)**

If fingerprints are rejected for poor quality after resubmission, and the FBI provides results titled "FBI Name Check", they cannot be accepted for the following reasons

1. An FBI name check does not fulfil the CORI background check requirements for EMT, AEMT or Paramedic.
2. An FBI name check does not rely on biometric linked (fingerprint) results for verification.

***After a second rejection and/or reception of "Name Check" results, it is recommended the applicant follow the instructions for completing a hard copy fingerprint card and mail it directly to the DOJ for processing.***

If you receive a rejection and are unsure of the reason, visit <https://oag.ca.gov/fingerprints/agencies> for contact information to submit an inquiry.



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

A0705  
 ORI (Code assigned by DOJ) \_\_\_\_\_  
 Emergency Medical Technician License/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:  
San Luis Obispo County EMS Agency  
 Agency Authorized to Receive Criminal Record Information  
2995 McMillan Ave., Ste. #178  
 Street Address or P.O. Box  
San Luis Obispo CA 93401  
 City State ZIP Code  
07046  
 Mail Code (five-digit code assigned by DOJ)  
 Contact Name (mandatory for all school submissions)  
(805) 788-2519  
 Contact Telephone Number

Applicant Information:  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Other Name (AKA or Alias) Last \_\_\_\_\_ First \_\_\_\_\_ Suffix \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex  Male  Female  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
 Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Home \_\_\_\_\_  
 Address Street Address or P.O. Box \_\_\_\_\_  
 Driver's License Number \_\_\_\_\_  
 Billing Number \_\_\_\_\_  
 (Agency Billing Number) N/A  
 Misc. Number \_\_\_\_\_  
 (Other Identification Number) N/A  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Your Number: \_\_\_\_\_ Level of Service:  DOJ  FBI  
 OCA Number (Agency Identifying Number)

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

Employer (Additional response for agencies specified by statute):  
State Emergency Medical Services Authority  
 Employer Name  
11120 International Drive, Suite 200  
 Street Address or P.O. Box  
Rancho Cordova CA 95670  
 City State ZIP Code  
+1 (919) 632-2433  
 Telephone Number (optional)

Live Scan Transaction Completed By:  
 Name of Operator \_\_\_\_\_ Date \_\_\_\_\_  
 Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_  
 ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_