



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AD979
ORI (Code assigned by DOJ)

Emergen Med Tech Lic/Cert
Authorized Applicant Type

Emergen Med Tech Lic/Cert
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Coastal Valleys EMS Agency
Agency Authorized to Receive Criminal Record Information

15001
Mail Code (five-digit code assigned by DOJ)

195 Concourse Blvd., Suite B
Street Address or P.O. Box

James Salvante
Contact Name (mandatory for all school submissions)

Santa Rosa CA 95403
City State ZIP Code

(707) 565-6501
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: n/a
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 Services Authority
Employer Name

02531
Mail Code (five digit code assigned by DOJ)

10901 Gold Center Drive, Suite 400
Street Address or P.O. Box

Rancho Cordova CA 95670
City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed