

INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING

Fingerprinting Process: Here's how to get started.

1. Review the list of locations that provide Live Scan Services and make an appointment if necessary. You will be charged a service fee and a DOJ processing fee. The DOJ processing fee is \$32. The service fee varies by location as indicated on the locations list.
2. Complete your Live Scan application form available from our website <http://www.sfdem.org>
This form will be pre-filled with required EMSA information.
3. Arrive at the facility at your appointed time.
4. Bring the following with you to your fingerprinting appointment:
 - a. Your completed Request for Live Scan Services application,
 - b. Driver's license or other valid form of identification such as a passport or State DMV ID.
 - c. The form of payment you selected when you made your appointment.
5. The technician will scan your fingerprints and submit your data. This normally takes less than five minutes.
6. You will receive a signed receipt at the end of your fingerprinting session which can be submitted to your agency for proof of fingerprinting, if needed.
7. The results will be sent directly to the San Francisco EMSA.

INSTRUCTIONS FOR COMPLETING THE 'REQUEST FOR LIVE SCAN' SERVICE FORM

NAME OF APPLICANT: Enter Full Name

AKA's: Enter any other names used

DATE OF BIRTH: Enter Date of Birth (mm/dd/yyyy)

SEX: Check appropriate box: Male or Female

HEIGHT: Enter Height: Express in Feet and Inches respectively (Do not use fractions of an inch. Example: 5' 11", 6'-01")

WEIGHT: Enter Weight: Express in pounds (Do not use fractions of a pound; round off to nearest pound. Example: 98 lbs, 188 lbs)

EYE COLOR: Enter eye color

Black	BLK	Gray	GRY	Maroon	MAR
Blue	BLU	Green	GRN	Pink	PNK
Brown	BRO	Hazel	HAZ		

HAIR COLOR: Enter hair color

Bald	BAL	Brown	BRO	Sandy	SDY
Black	BLK	Gray/Partially	GRY	White	WHI
Blond	BLN	Red/Auburn	RED		

PLACE OF BIRTH: Enter City, State and Country

SOCIAL SECURITY NUMBER: Enter social security number. If you do not have a social security number, leave space blank.

CALIFORNIA'S DRIVER LICENSE: Enter California Driver License/Identification Card Number. If you do not have a California Driver License/Identification Card Number, leave it blank.

APPLICANT'S ADDRESS: Enter residence address, city state and zip code.

LEVEL OF SERVICE: The DOJ box is pre-selected.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1328
ORI (Code assigned by DOJ)

Emergency Medical Technician/Certification
Authorized Applicant Type

San Francisco EMS Agency
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

San Francisco Emergency Medical Services Agency
Agency Authorized to Receive Criminal Record Information

333 Valencia Street, Suite 210
Street Address or P.O. Box

San Francisco CA 94103
City State ZIP Code

04497
Mail Code (five-digit code assigned by DOJ)

Camilla Arcia
Contact Name (mandatory for all school submissions)

(628) 217-6000
Contact Telephone Number

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name: (AKA or Alias) _____

Last Name _____ First Name _____ Suffix _____

Sex Male Female

Date of Birth _____ Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Billing Number _____ (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 _____

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature _____

Date _____

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

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

Employer (Additional response for agencies specified by statute):

CA State Emergency Medical Services Authority
Employer Name

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

Rancho Cordova CA 95670 02531
City State ZIP Code Mail Code (five digit code assigned by DOJ)

+1 (916) 322-4336
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

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