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

<table>
<thead>
<tr>
<th>Black</th>
<th>BLK</th>
<th>Gray</th>
<th>GRY</th>
<th>Maroon</th>
<th>MAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue</td>
<td>BLU</td>
<td>Green</td>
<td>GRN</td>
<td>Pink</td>
<td>PNK</td>
</tr>
<tr>
<td>Brown</td>
<td>BRO</td>
<td>Hazel</td>
<td>HAZ</td>
<td></td>
<td></td>
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</table>

**HAIR COLOR**: Enter hair color

<table>
<thead>
<tr>
<th>Bald</th>
<th>BAL</th>
<th>Brown</th>
<th>BRO</th>
<th>Sandy</th>
<th>SDY</th>
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</thead>
<tbody>
<tr>
<td>Black</td>
<td>BLK</td>
<td>Gray/Partially</td>
<td>GRY</td>
<td>White</td>
<td>WHI</td>
</tr>
<tr>
<td>Blond</td>
<td>BLN</td>
<td>Red/Auburn</td>
<td>RED</td>
<td></td>
<td></td>
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</table>

**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

<table>
<thead>
<tr>
<th>Code assigned by DOJ</th>
<th>Authorized Applicant Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1328</td>
<td>Emergency Medical Technician/Certification</td>
</tr>
</tbody>
</table>

**San Francisco EMS Agency**

<table>
<thead>
<tr>
<th>Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Contributing Agency Information:

- **Agency Authorized to Receive Criminal Record Information**
- **Mail Code (five-digit code assigned by DOJ)**
- **Contact Name (mandatory for all school submissions)**
- **Contact Telephone Number**

**San Francisco Emergency Medical Services Agency**

- **Address:** 333 Valencia Street, Suite 210
- **City:** San Francisco
- **State:** CA
- **ZIP Code:** 94103

**Camilla Arica**

### Applicant Information:

- **Last Name:** A
- **First Name:** 1328
- **Middle Initial:** Emer
- **Suffix:** gency

**Medical Technician/Certification**

### Applicant Information:

- **Last Name:** San Francisco
- **First Name:** EMS
- **Middle Initial:** A
- **Suffix:** Medical Services

**Agency Authorization**

- **Address:** 10901 Gold Center Drive, Suite 400
- **City:** Rancho Cordova
- **State:** CA
- **ZIP Code:** 95670 02531

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

### Live Scan Transaction Completed By:

**Name of Operator:**

**Date:**

**Transmitting Agency:**

<table>
<thead>
<tr>
<th>LSID</th>
<th>ATI Number</th>
<th>Amount Collected/Billed</th>
</tr>
</thead>
</table>

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

**Applicant Signature**

**Date**

Your Number:

<table>
<thead>
<tr>
<th>OCA Number (Agency Identifying Number)</th>
</tr>
</thead>
</table>

**Level of Service:**

- [x] DOJ
- [x] 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:

**Original ATI Number**

Employer (Additional response for agencies specified by statute):

**CA State Emergency Medical Services Authority**

**Employer Name**

**Street Address or P.O. Box**

**City:** 10901 Gold Center Drive, Suite 400

**State:** Rancho Cordova

**ZIP Code:** 95670 02531

**Telephone Number:** +1 (916) 322-4336

Mail Code (five digit code assigned by DOJ)
EMT Applicant Background Check – Required Disclosures and Information

- Please retain the original LiveScan form as you are required to submit a copy with your EMT Application.

- If you have a question about how a conviction history impacts the ability to obtain an EMT Certificate, please email emsacertifications@sfgov.org.

- The EMS Agency cannot expedite processing of background checks nor provide status of your background check with the California Department of Justice (CA DOJ). For information on the status of your LiveScan, please visit: https://applicantstatus.doj.ca.gov/

- By submitting and completing a LiveScan, EMT Applicants are subject to a conviction history record check. Fingerprints will be retained by the CA DOJ and searched against other fingerprints on file, including latent fingerprints.

- EMT Applicants have the right to obtain a copy of their conviction history record, if any. An EMT applicant has the right to challenge the accuracy and completeness of their conviction history record, and to obtain a determination as to the validity of their record before the EMS Agency makes a final determination concerning their eligibility for adoption, employment, certification, licensing, or permitting. To request a copy of your conviction history, please email emsacertifications@sfgov.org or call 628-217-6000.

Applicants with questions or requests for additional information may reach the EMS Agency Certification Team by email at emsacertifications@sfgov.org.