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.
### Applicant Submission

**A1328**

**ORI (Code assigned by DOJ)**

**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**

**Address**

**City**

**ZIP Code**

**Contact Name (mandatory for all school submissions)**

**Contact Telephone Number**

### Applicant Information:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Name: (AKA or Alias)</th>
<th>Last Name</th>
<th>First Name</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date of Birth**

**Sex**

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

**Height**

**Weight**

**Eye Color**

**Hair Color**

**Place of Birth (State or Country)**

**Social Security Number**

**Home Address**

**City**

**State**

**ZIP Code**

### Employer (Additional response for agencies specified by statute):

**CA State Emergency Medical Services Authority**

**Employer Name**

**Employer Address**

**City**

**State**

**ZIP Code**

**Telephone Number (optional)**

**Mail Code (five digit code assigned by DOJ)**

### Live Scan Transaction Completed By:

**Name of Operator**

**Date**

**Transmitting Agency**

**LSID**

**ATI Number**

**Amount Collected/Billed**

---

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)**

---

If re-submission, list original ATI number:

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

### Level of Service:

- [X] DOJ
- [X] FBI

---

**Employer**

**Name**

**10901 Gold Center Drive, Suite 400**

**Rancho Cordova**

**City**

**CA**

**95670**

**02531**

**Telephone Number (optional)**

**+1 (916) 322-4336**

---

**Mail Code (five digit code assigned by DOJ)**