

# 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

04497

Mail Code (five-digit code assigned by DOJ)

25 Van Ness Avenue, Suite 700

Street Address or P.O. Box

Camilla Arcia

Contact Name (mandatory for all school submissions)

San Francisco

City

CA 94102-6058

State ZIP Code

(628) 217-6000

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:

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):

CA State Emergency Medical Services Authority

Employer Name

02531

Mail Code (five digit code assigned by DOJ)

10901 Gold Center Drive

Street Address or P.O. Box

Rancho Cordova

City

CA

State

95670

ZIP Code

+1 (916) 322-4336

Telephone Number (optional)

#### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed