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

25 Van Ness Avenue, Suite 700
Street Address or P.O. Box

San Francisco CA 94102-6058
City State ZIP Code

Camilla Arcia
Contact Name (mandatory for all school submissions)

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

(628) 217-6000
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

Sex □ Male □ Female

Date of Birth

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number

Misc. Number

(Agency Billing 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

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 CA 95670 +1 (916) 322-4336
City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed

ORIGINAl - Live Scan Operator SECoND COPY - Applicant THiRD COPY (if needed) - Requesting Agency