



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

A9197

Emergency Medical Technician Certificate/License  
Authorized Applicant Type

EMT/AEMT Certification

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

### Contributing Agency Information:

Imperial Country Emergency Medical Services Agency  
Agency Authorized to Receive Criminal Record Information

10936  
Mail Code (five-digit code assigned by DOJ)

935 Broadway Suite 215  
Street Address or P.O. Box

David Creiglow  
Contact Name (mandatory for all school submissions)

El Centro CA 92243  
City State ZIP Code

(442) 265-1364  
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):

Emergency Medical Services Authority  
Employer Name

02531  
Mail Code (five digit code assigned by DOJ)

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

Rancho Cordova CA 95670-6073  
City State ZIP Code

(916) 322-4336  
Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed