



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A2014
ORI (Code assigned by DOJ)

Emergency Med Tech/Cert.
Authorized Applicant Type

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

Contributing Agency Information:

Mountain-Valley EMS Agency
Agency Authorized to Receive Criminal Record Information
1101 Standiford Ave., Suite D-1
Street Address or P.O. Box
Modesto CA 95350
City State ZIP Code

07792
Mail Code (five-digit code assigned by DOJ)
Cindy Murdaugh
Contact Name (mandatory for all school submissions)
(209) 529-5085
Contact Telephone Number

Applicant Information:

Last Name
Other Name (AKA or Alias) Last
Date of Birth Sex Male Female
Height Weight Eye Color Hair Color
Place of Birth (State or Country) Social Security Number
Home Address Street Address or P.O. Box

First Name Middle Initial Suffix
First Suffix
Driver's License Number
Billing Number (Agency Billing Number)
Misc. Number (Other Identification Number)
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 Agency
Employer Name
1930 9th Street
Street Address or P.O. Box
Sacramento CA 95814
City State ZIP Code

02531
Mail Code (five digit code assigned by DOJ)
+1 (916) 322-4336
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator
Transmitting Agency LSID

Date
ATI Number Amount Collected/Billed