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 License/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)

30 Van Ness Avenue, Suite 3300
Street Address or P.O. Box

Camilla Arcia
Contact Name (mandatory for all school submissions)

San Francisco   CA   94102-6027
City   State   ZIP Code

(415) 487-5000
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)

1930 9th Street
Street Address or P.O. Box

Sacramento   CA   95811-7043
City   State   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