STATE OF CALIFORNIA
BCII 8016
(orig. 4/01; rev. 6/09)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A9347
ORI (Code assigned by DOJ)

Emerg Med Tech Lic/Cert
Authorized Applicant Type

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

Contributing Agency Information:

Santa Cruz County Health Services Agency/EMS
Agency Authorized to Receive Criminal Record Information

11053
Mail Code (five-digit code assigned by DOJ)

P.O. Box 962
Street Address or P.O. Box

Shelley Huxtable
Contact Name (mandatory for all school submissions)

Santa Cruz — City
CA — State
95061 — ZIP Code

(831) 454-4120
Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffi

Other Name (AKA or Alias) Last

First

Suffi

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number
(Agency Billing)

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 Dr., Suite 400
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

ORIGINAL - Live Scan Operator

SECOND COPY - Applicant

THIRD COPY (if needed) - Requesting Agency