STATE OF CALIFORNIA
BCIA 8016
(orig. 04/2001; rev. 01/2011)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AA 880
ORI (Code assigned by DOJ)

Emergency Medical Technician License/Certificate
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:

Monterey County EMS Agency
Agency Authorized to Receive Criminal Record Information

12201
Mail Code (five-digit code assigned by DOJ)

1441 Schilling Place
Street Address or P.O. Box

Steve Brooks
Contact Name (mandatory for all school submissions)

Salinas | CA | 93901
City | State | ZIP Code

(831) 755-4948
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

Sacramento | CA | 95670
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