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

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A6758
ORI (Code assigned by DOJ)

Emergency Medical Technician (EMT) Lic/Cert
Authorized Applicant Type

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

Contributing Agency Information:

San Benito County Emergency Medical Services Agency
Agency Authorized to Receive Criminal Record Information

03568
Mail Code (five-digit code assigned by DOJ)

471 Fourth Street
Street Address or P.O. Box

Kris Mangano
Contact Name (mandatory for all school submissions)

Hollister
City

CA
State

95023
ZIP Code

(831) 636-4168
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 or P.O. Box

City

State

Address Street
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
Street Address or PO Box

Rancho Cordova
City

CA
State

95670
ZIP Code

+1 (916) 431-3692
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