



## San Luis Obispo County Emergency Medical Services Agency

2180 Johnson Ave, 2<sup>nd</sup> Floor, San Luis Obispo, CA 93401

Phone: 805.788.2511

Fax: 805.788.2517

[www.sloesma.org](http://www.sloesma.org)

Dear EMT Reciprocity Applicant:

Individuals from out of state applying for a California EMT Certification in San Luis Obispo County must complete the following requirements:

1. **In Person:** You must apply in person.
2. **Age:** You must be 18 years of age or older to apply.
3. **Application:** Submit a completed San Luis Obispo County EMT Application, attached to this packet or available on our website at [forms](#).
4. **Education Requirement:** Submit required copies from one of the following:
  - A copy of your completion certificate from an approved Basic EMT Course dated within the last two years, and a copy of your completion certificate from the National Registry Exam, or
  - A copy of your current and valid out of state EMT Certification, and a copy of your current and valid NREMT card, or
  - Current and valid NREMT – Basic card, or \*
  - A copy of your current and valid out of state EMT Intermediate or Paramedic License, or \*
  - A copy of your current and valid NREMT-Intermediate or NREMT –Paramedic card \*
5. **CPR Card:** Submit a copy of your current and valid CPR card equivalent to *American Heart Association – BLS for the Healthcare Provider*, or *American Red Cross – CPR for the Professional Rescuer* or other course provider approved by the San Luis Obispo EMS Agency Medical Director. **Online courses without hands-on skills competency exams are not accepted.**
6. **Photo ID:** Submit a copy of your current and valid Government Issued Photo ID. **Photo must be visible on copy.**
7. **DMV Driving Record:** Submit a certified copy of your DMV driving record from your state of origin, dated within 7 days of application. If you have a California driver's license you must also submit your California driving record or utilize our service at no cost, form attached to this packet or available on our website at [forms](#). **Driving record printed from the DMV website is not acceptable.**
8. **Background Investigation:** Complete the "Live Scan" process using our form. Please note, we do not offer Live Scan service in our office. **A copy of the "Request for Live Scan Services" form signed off by the Live Scan Agency must accompany your application.** Form attached to this packet or available on our website page at [forms](#). Background check information is attached to this packet or available on our website at [Background Check Requirements](#).

9. **Application Fee:** Pay the **Non-Refundable Application Fee**, which includes a \$75.00 state fee (subject to change without notice). An additional fee applies to all EMS personnel applications for which we receive notification indicating criminal behavior that requires an investigation of allegation(s). **This fee is non-refundable and charged at any time during your certification cycle if an administrative investigation is required.** See our website for current [fees](#). The San Luis Obispo County EMS Agency accepts cash, Visa, MasterCard, Discover Card, money orders, or checks **made payable to San Luis Obispo County**. This fee does not include the fee for “Live Scan” (background check).
10. **Prior Convictions:** If you have **EVER been convicted of any felony or misdemeanor** offense in California or in any other state or place, including entering a plea of Nolo Contendere (No Contest), or any conviction which has been expunged (set aside) or record sealed under PC 1203.4. **Failure to disclose a misdemeanor or felony may result in denial, suspension or revocation of an EMT Certificate pursuant to California Health and Safety Code Section 1798.200.** you must bring in the following information with your application:
- Provide a **signed** detailed statement that describes the incident, charges, date(s), location, court, sentence served, and probation or parole (if any),
  - Court documents (minute order) and
  - Police reports.
11. Upon completion of the above requirements and confirmation that the applicant is not precluded from certification for reasons defined in Section 1798.200 of the California Health and Safety Code, the EMS Agency has up to 14 days to issue your EMT Card. Extra time will be required when Live Scan or DMV notifications indicate criminal behavior requiring further administrative investigation.

**\* Please note: Your California EMT Certification expiration date based on the expiration date of your NREMT or out of state EMS Certification card used to meet the certification requirements as outlined above. This may mean your California EMT Certification will only be good for a few months before you would be required to meet recertification requirements.**

## WHY SHOULD I COMPLETE THE CERTIFICATION PROCESS?

The documents that the school issues are course completion documents only, and are **not** EMT Certifications. You must complete the certification process within two years of the EMT course completion date if you plan on any of the following:

1. **Employment:** If you plan on working as an EMT or plan on taking an EMT recertification course, you would need to complete your initial certification. If you do not complete your initial certification and realize 2 years from now that you need your EMT certification, you would be required to complete the whole Basis EMT Course over again prior to certification.
2. **EMT Recertification:** To be eligible for completion and ultimately certification after completing a recertification course, you must have had a valid EMT certification within the last two years.
3. **Paramedic:** If you plan to become a paramedic, EMT certification is required for admittance into paramedic school and throughout the completion of paramedic school.

## EMT Certification/Recertification Application

APPLICANT INFORMATION <input type="checkbox"/> INITIAL <input type="checkbox"/> RECERTIFICATION									
Last Name				First Name				Middle Initial	
Date of Birth		Driver's License Number		Last 4 digits of Social Security #			Current State EMT Certification #		
Mailing Address: PO Box/Street				Residence Address					
City		State	Zip Code	City			State	Zip Code	
Is this a change of address? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>				Is this a change of address? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>					
Cell Phone Number		Home Telephone Number		Home Email			Work Email		
IF EMPLOYED BY AN EMS PROVIDER(S) PLEASE LIST THE NAME AND ADDRESS									
Primary Employer					Other Employer				
Name			Phone		Name			Phone	
Address					Address				
City		State	Zip Code	City		State	Zip Code		
<b>Employer Must Be Verified By One of The Following:</b> <input type="checkbox"/> Apply In Uniform <input type="checkbox"/> Employee ID <input type="checkbox"/> Employer Signature Below					<b>Employer Must Be Verified By One of The Following:</b> <input type="checkbox"/> Apply In Uniform <input type="checkbox"/> Employee ID <input type="checkbox"/> Employer Signature Below				
To Be Completed By Primary Employer					To Be Completed By Other Employer				
As the EMS Coordinator of the agency named above, I verify that the individual named on this application is currently employed by this agency and I agree to notify the San Luis Obispo County EMS Agency immediately of any change in the employment status of the individual named on this application.					As the EMS Coordinator of the agency named above, I verify that the individual named on this application is currently employed by this agency and I agree to notify the San Luis Obispo County EMS Agency immediately of any change in the employment status of the individual named on this application.				
Signature:					Signature:				
Printed Name			Date		Printed Name			Date	
E-mail			Phone		E-mail			Phone	
DECLARATION									
Have you ever been convicted of any felony or misdemeanor offense, in California or in any other state or place, including entering a plea of nolo contendere or no contest and including any conviction, which has been expunged (set aside)?							On File with SLO EMS Agency <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any criminal charges currently pending against you?							On File with SLO EMS Agency <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked or placed on probation, or are you under investigation at this time?							On File with SLO EMS Agency <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered yes to any of these questions, you must submit with this application a written explanation that describes the crime(s), date, location, court, sentence served, and parole if any, and/or the action taken against your certification, accreditation or professional license, any corrective action, and/or remediation as a result of the action. You must also attach any applicable court documents and police reports.									
I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to EMT certification in the state of California. I understand all information on this application is subject to verification, and I hereby give my express permission for this certifying entity to contact any person or agency for information related to my role and function as an EMT in California. Additionally, by signing this application I do authorize the release of all prior EMT application and/or certification action documentation for use of verification by SLO County EMS Agency. It is my responsibility to notify the EMS Agency within 7 days of any arrest or change in my eligibility status. I also understand that the application fees are non – refundable and that California Regulations require me to notify the EMS Agency in writing within 30 days of any change in my mailing address.									
Signature of Applicant:							Date:		

**SUBMIT THE FOLLOWING ITEMS WITH APPLICATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EMT INITIAL CERTIFICATION	EMT RE-CERTIFICATION
<input type="checkbox"/> Completed Application <input type="checkbox"/> CPR Card      Expiration Date: _____ <input type="checkbox"/> AHA – BLS Provider <input type="checkbox"/> ARC – CPR for Healthcare Provider <input type="checkbox"/> CAL FIRE <input type="checkbox"/> Atascadero Fire <input type="checkbox"/> Other: _____ <input type="checkbox"/> Driver's License/ government issued photo ID ( <b>Must be 18</b> ) <input type="checkbox"/> EMT Basic Course Completion Certificate <input type="checkbox"/> Training Program: _____ <input type="checkbox"/> Date of Completion: _____ <input type="checkbox"/> National Registry course certificate or Current NREMT Card <input type="checkbox"/> NREMT #: _____ <input type="checkbox"/> Expiration Date: _____ <input type="checkbox"/> Out of state current EMT Card Expiration Date: _____ (and/or NREMT if Reciprocity) <input type="checkbox"/> California Paramedic License Expiration Date: _____ <input type="checkbox"/> DOJ/FBI Live Scan Receipt (new, paramedic EMT and reciprocity) <input type="checkbox"/> DMV Printout *** <input type="checkbox"/> DMV Printout <input type="checkbox"/> We pull <input type="checkbox"/> Employer Letter ** <input type="checkbox"/> \$98 <b>Non-refundable</b> application fee	<input type="checkbox"/> Completed Application <input type="checkbox"/> CPR Card      Expiration Date: _____ <input type="checkbox"/> AHA – BLS Provider <input type="checkbox"/> ARC – CPR for Healthcare Provider <input type="checkbox"/> CAL FIRE <input type="checkbox"/> Atascadero Fire <input type="checkbox"/> Other: _____ <input type="checkbox"/> Current Certification Card Expiration Date: _____ <input type="checkbox"/> Driver's License or government issued photo ID <input type="checkbox"/> Skills Verification Form      (not needed for paramedic EMT) <input type="checkbox"/> 24 hrs. CE <input type="checkbox"/> EMT Refresher Course <input type="checkbox"/> Training Program: _____ <input type="checkbox"/> Date of Completion: _____ <input type="checkbox"/> 36 hrs. CE = 6 to 12 months expired <input type="checkbox"/> 48 hrs. CE = 12 to 24 months expired plus NREMT <input type="checkbox"/> Paramedic License Expiration Date: _____ <input type="checkbox"/> DOJ/FBI Live Scan <input type="checkbox"/> On file <input type="checkbox"/> Grandfathered Employer Letter * <input type="checkbox"/> DMV Printout <input type="checkbox"/> DMV Printout <input type="checkbox"/> We pull <input type="checkbox"/> Employer Letter ** <input type="checkbox"/> \$60 <b>Non-refundable</b> application fee

\* Letter from employer is acceptable only if your current employer grandfathered you into the state system with SLO EMS Agency in 2010. If you are not with this same employer, you will need to do another Live Scan.

\*\* Letter from employer is acceptable only if the employer participates in DMV notification system.

\*\*\* If you have been in California less than 2 years, you must provide a DMV printout from previous state as well as California.

**\*\*\*\* EMS Agency Use Only Below This Line \*\*\*\***

Verified by: _____	County No: _____	Copy of Card in File: _____
Date Verified: _____	State No: _____	Access Updated: _____
Registry Checked: _____	Effective Date: _____	Copy to Employer: _____
Megan's Law: _____	Expiration Date: _____	Date Picked Up: _____
Background Clear _____	Entered in Registry _____	Date Mailed: _____



## Background Check Requirements for EMT Certification In San Luis Obispo County

**Criminal History Background Checks (fingerprinting)** with the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) utilizing our Live Scan form is a requirement for all applicants for EMT certification in San Luis Obispo County. As authorized by Health & Safety Code Section 1797.118 every EMT and AEMT certificate candidate or holder shall have their fingerprint images and related information submitted to the authority for submission to the Department of Justice pursuant to the regulations adopted pursuant to Section 1797.117 for a state and federal level criminal offender record information search, including subsequent arrest information. The Applicant Live Scan process for the submission of fingerprints and the automated criminal history check and response replaces the blue and white fingerprint card previously used.

If you do not currently have a Live Scan on file with us, you must have a new one done. If your EMT Certification has lapsed more than 12 months, you are recertifying from a different county or in some cases if you have changed employers, you will be required to do a new Live Scan. If applicant was grandfathered into the state system by current San Luis Obispo County employer before July 1, 2010, a letter from the employer will be accepted stating that the applicant has no criminal violations and that the employer participates in California DOJ criminal record clearance with subsequent arrest notifications. A [sample letter](#) is located on our website. If you are unsure of your status, please call our office.

**Live Scan terminals** for fingerprinting are located in sheriffs' offices and police departments throughout the state as well as public applicant Live Scan sites. A list of Live Scan terminal locations is located on the [DOJ Website](#). We do not do Live Scan's at our location. Call ahead to the location of your choice to make sure:

- the list is current,
- that they do both DOJ and FBI submissions,
- what their fees are,
- what form of payment they accept, and
- if you need to make an appointment.

**Fingerprint fees** for processing the criminal history check are established by DOJ and may be subject to change. The current non-refundable fee for this process is \$49 (\$32 for the state and \$17 for the federal background checks). This fee is payable to the Department of Justice or to the Live Scan Agency doing the fingerprinting. The "rolling fee" for Live Scan fingerprinting, which is separate from the fee for processing the criminal history check(s), is paid directly to the agency conducting the Live Scan fingerprinting, and may vary by agency. The total cost for fingerprinting locally is approximately \$75. Applicants are responsible for all fees associated with the background check that must be paid at the time of fingerprinting. Remember to take your photo ID.

**Live Scan Forms** are available on our website. The form is set up so you can fill it out on your computer and then print your copies. Pay careful attention; only fill in the blue highlighted areas. Incorrectly filled out forms may be rejected causing your background check to be repeated, including additional fees. Make sure you complete the form before arriving for your Live Scan appointment.

**Results of the criminal history check(s)** will be received by the San Luis Obispo County EMS Agency office electronically within seven to ten days of being fingerprinted in most cases. However, if manual processing is required, it may take longer to receive the results and in some, rare cases it may take as long as 30 days or more.

**IMPORTANT:** Please refer to the attached instruction sheet for completing the Live Scan Applicant Submission Form. If the form is not completed correctly, the fingerprints may be rejected by DOJ and you will be required to have your fingerprints taken again (there should be no charges for reprinting rejected fingerprints providing you take the reject notice with you when you go to be reprinted).

**FBI Inquiries-** If after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency that submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency, which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. [Order No. 1134-86, 51 FR 16677, May 6, 1986, as amended by Order NO. 2258-99, 64 FR 52226, Sept. 28, 1999]

**DMV driving record** dated within 7 days of application is required for all EMT applicants. Individuals may obtain an original certified copy from the DMV office or utilize the service we provide. If you choose to use our service there is a one (1) day delay and you must use our forms available in our office or on our website [DMV Pull Form](#) **Driving records printed from the DMV website will not be accepted.** If you are coming from out of state or you have not been in California more than two years, you will be required to submit a certified copy of your driving record from your state of origin. If your employer participates in the DMV notification system, you may use this Sample Letter in place of the certified copy from the DMV located on our website [Sample DMV Letter](#) .

**Criminal Convictions** are reviewed by the appropriate EMS Agency staff, along with our county legal department if appropriate, and all material is held in strict confidence. Decisions are based on state regulations and statutes and careful review of all documentation. A criminal conviction does not mean an applicant will automatically be denied an EMT Certification. The convictions for which the EMS Agency Medical Director shall deny or revoke can be found here [Shall Deny/Revoke](#) . The convictions for which the EMS Agency Medical Director may deny, revoke, suspend or put on probation can be found here [May Deny/Revoke](#) Applicants with criminal conviction or active prosecution can expect a delay in the processing of their application. An applicant, who is denied or revoked, has the right to request a hearing. **Additional fee will be applied to all EMS personnel applications for which we receive notification indicating criminal behavior that requires an investigation of allegation(s). This fee is non-refundable and can be charged any time during your certification cycle if an administrative investigation is required.**

**All EMT applicants must disclose every misdemeanor and/or felony of which they have been convicted**, including vehicle code violations and those for which they have been found guilty by a jury, plead guilty or plead nolo contendere, or any conviction which has been expunged or record sealed under PC1203.4. **Failure to disclose a misdemeanor or felony may result in denial, suspension or revocation of an EMT certificate pursuant to California Health and Safety Code Section 1798.200.** Along with this disclosure and if a conviction appears on the background check, applicants must submit the following information with your application for review:

- Provide a detailed statement that describes the incident, charges, date(s), location, court, sentence served, and probation or parole (if any),
- Court documents (minute order) and
- Police reports.

Contact Vicci Stone at [vstone@co.slo.ca.us](mailto:vstone@co.slo.ca.us) or 805-788-2513 if you have further questions.

# DISCIPLINE STATUTE

Pursuant to California Health & Safety Code Section 1798.200, the EMS Agency may deny, revoke, suspend, or place on probation an EMT certification or paramedic accreditation or temporarily suspend a paramedic's license for the following acts or omissions:

- **Fraud in the procurement of any certificate or license under this division.** This would primarily concern the submission of fraudulent continuing education credits, and false or incomplete information on an EMT application at the local or state level.
- **Gross negligence.** This is an extreme departure from the standard of care, which, under similar circumstances, would have ordinarily been exercised by a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties if confronted with a similar circumstance.
- **Repeated negligent acts.** A repeated failure to use such care as a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance.
- **Incompetence.** The lack of possession of that degree of knowledge, skill, and ability ordinarily possessed and exercised by a certified EMT or licensed and accredited paramedic.
- **The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital personnel.** This would include theft related offenses, violent acts, and sexual misconduct committed professionally or personally.
- **Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel.** This would include theft related offenses, violent acts, and sexual misconduct committed professionally or personally.
- **Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations adopted by the authority pertaining to prehospital personnel.** This would include the failure to properly complete a patient care report.
- **Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.** This section is used on paramedics who fail a random drug test.
- **Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.**
- **Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.** Generally, this section is used when local protocols and procedures are not followed.
- **Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.**
- **Unprofessional conduct exhibited by any of the following:**
  - **The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance. Nothing in this section shall be deemed to prohibit an EMT-I, EMT-II, or EMT-P from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT-I, EMT-II, or EMT-P, from using that force that is reasonably necessary to effect a lawful arrest or detention.**
  - **The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Part 2.6 (commencing with Sections 56 ) of Division 1 of the Civil Code.**
  - **The commission of any sexually related offense specified under Section 290 of the Penal Code.**

**California Code of Regulations, Title 22, Division 9, Chapter 6, Section 100214.3 (c) and (d)**

(c)The medical director **shall** deny or revoke an EMT or Advanced EMT certificate if any of the following apply to the applicant:

- 1) Has committed any sexually related offense specified under Section 290 of the Penal Code.
- 2) Has been convicted of murder, attempted murder, or murder for hire.
- 3) Has been convicted of two (2) or more felonies.
- 4) Is on parole or probation for any felony.
- 5) Has been convicted and released from incarceration for said offense during the preceding fifteen (15) years for the crime of manslaughter or involuntary manslaughter.
- 6) Has been convicted and released from incarceration for said offense during the preceding ten (10) years for any offense punishable as a felony.
- 7) Has been convicted of two (2) or more misdemeanors within the preceding five (5) years for any offense relating to the use, sale, possession, or transportation of narcotics or addictive or dangerous drugs.
- 8) Has been convicted of two (2) or more misdemeanors within the preceding five (5) years for any offense relating to force, threat, violence, or intimidation.
- 9) Has been convicted within the preceding five (5) years of any theft related misdemeanor.

(d)The medical director **may** deny or revoke an EMT or Advanced EMT certificate if any of the following apply to the applicant:

- 1) Has committed any act involving fraud or intentional dishonesty for personal gain within the preceding seven (7) years.
- 2) Is required to register pursuant to Section 11590 of the Health and Safety Code.



Supplement to Authorization for Release of Driver Record Information

I, \_\_\_\_\_, California Driver License Number, \_\_\_\_\_, hereby acknowledge that the entity to which I am authorizing the California Department of Motor Vehicles (DMV) disclose my driving record is my certifying agency, the San Luis Obispo County Emergency Medical Services Agency. I understand that the following terms used in the Authorization are deemed to include the words and phrases in italics below:

"employer" includes *certifying agency*

"employment" includes *maintaining or obtaining certification*

"employee" includes *individual seeking certification*

Executed at \_\_\_\_\_, \_\_\_\_\_  
City State

Signature \_\_\_\_\_ Date \_\_\_\_\_



EMPLOYER PULL NOTICE PROGRAM
AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION

I, \_\_\_\_\_, California Driver License Number, \_\_\_\_\_,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, SAN LUIS OBISPO COUNTY EMERGENCY MEDICAL AGENCY (EMS AGENCY)
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY COUNTY STATE

DATE SIGNATURE OF EMPLOYEE
X

Victoria Stone of EMS AGENCY
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
requesting driver record information on the above individual to verify the information as provided by said individual. This
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY COUNTY STATE
SAN LUIS OBISPO SAN LUIS OBISPO CA

DATE SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE
X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website
at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.
DO NOT RETURN THIS FORM TO DMV.

## ***INSTRUCTIONS FOR FILLING IN LIVE SCAN FORM***

**All areas indicated on form must be filled in with the information noted below.** Please type or print information clearly. ***TAKE THE ORIGINAL AND TWO COPIES OF THE FORM TO THE LIVE SCAN AGENCY WHEN YOU HAVE YOUR FINGERPRINTS DONE.***

**ORI:** The ORI number for the San Luis Obispo County EMS Agency is: **A0705**.

**Type of Application:** Emergency Medical Technician License/Certification

**Job Title or Type of License, Certification or Permit:** Emergency Medical Technician

**Agency Address Set Contributing Agency:**

San Luis Obispo County EMS Agency  
2180 Johnson Ave. 2<sup>nd</sup> Floor  
San Luis Obispo, CA 93401

**Mail Code:** The five-digit mail code assigned by DOJ is **07046**.

**Contact Telephone Number:** (805) 788-2513

**Name of Applicant:** Indicate complete name. Last Name, First Name and Middle Initial.

**Alias:** Indicate other names used (i.e., nickname, maiden name and/or alias name{s}).

**Date of Birth:** Indicate month-day-year of birth.

**Sex:** Check either Male or Female.

**Height:** Indicate your height in feet and inches.

**Weight:** Indicate your weight in pounds.

**Eye Color:** Indicate eye color.

**Hair Color:** Indicate hair color.

**Place of Birth:** Indicate the state or country of birth.

**SSN:** Indicate your Social Security Number.

**Driver's License No.:** Indicate your California Driver's License Number.

**Level of Service:** Check the FBI and DOJ boxes.

- **Do not fill in any other areas on the Request for Live Scan Applicant Submission Form.**
- **Verify that the Live Scan Operator has entered the correct information before transmitting.**
- **Verify that the Live Scan Operator has entered the ATI No. in the bottom portion of the**
- **Request for Live Scan Service Applicant Submission Form.**



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

A0705 \_\_\_\_\_ Emergency Medical Technician License/Certification  
ORI (Code assigned by DOJ) \_\_\_\_\_ 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:

San Luis Obispo County EMS Agency \_\_\_\_\_ 07046 \_\_\_\_\_  
Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ)

2180 Johnson Ave., 2nd Floor \_\_\_\_\_ Vicci Stone \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions)

San Luis Obispo \_\_\_\_\_ CA 93401 \_\_\_\_\_ (805) 788-2513 \_\_\_\_\_  
City \_\_\_\_\_ State ZIP Code \_\_\_\_\_ Contact Telephone Number

### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Other Name \_\_\_\_\_ First \_\_\_\_\_ Suffix \_\_\_\_\_  
(AKA or Alias) Last

Date of Birth \_\_\_\_\_ Sex  Male  Female \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Billing Number \_\_\_\_\_ N/A \_\_\_\_\_  
(Agency Billing Number)

Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Misc. Number \_\_\_\_\_ N/A \_\_\_\_\_  
(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):

State Emergency Medical Services Authority \_\_\_\_\_ 02531 \_\_\_\_\_  
Employer Name \_\_\_\_\_ Mail Code (five digit code assigned by DOJ)

10901 Gold Center Dr. #400 \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_

Rancho Cordova \_\_\_\_\_ CA 95670 \_\_\_\_\_ +1 (916) 322-4336 \_\_\_\_\_  
City \_\_\_\_\_ State ZIP Code \_\_\_\_\_ Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_  
Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_