

Live Scan Background Check Information & Instructions

BACKGROUND

All applicants for San Mateo County EMS Agency EMT certification must submit fingerprints for a criminal history background check. This includes all initial/first-time EMT applicants and/or those whose last certification was through another county.

Live Scan background checks for EMT include California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). Fingerprinting is done using “Live Scan” technology and uses computer images to send fingerprints immediately to the DOJ and FBI.

All initial/first-time certification applicants, and those whose most recent certification is through another county MUST complete a DOJ and FBI Live Scan background check using the San Mateo County Live Scan Request form (see attached for form).

Live Scans completed through the DMV for ambulance drivers license, or other agencies are **NOT** accepted.

GETTING THE LIVE SCAN FORM

Those applying through San Mateo County **MUST** use the San Mateo County form (attached). We recommend that applicants print three copies, one for the Live Scan agency, one to attach with your EMT application and one for your own records. The forms should be completed prior to arriving for your Live Scan appointment.

LIVE SCAN AGENCIES

Live Scan requests are performed by third-party Live Scan agencies. A list of third-party providers can be found here: <https://oag.ca.gov/fingerprints/locations>. The list includes hours of operation, cost, whether or not an appointment is necessary, and method of payment. San Mateo County EMS does **NOT** perform Live Scan requests.

PRIVACY GUARANTEE

Privacy and confidentiality of criminal history record information is the responsibility of the EMS Agency.

IF YOU HAVE A CONVICTION/CRIMINAL HISTORY

Conviction of a crime does not necessarily mean that an applicant will be denied certification. The appropriate EMS staff, along with the county legal department if appropriate, will review each case where the applicant has a criminal conviction. Decisions will be based on applicable state statutes and regulations, and a careful review of documentation. If an applicant is denied, he/she has the right to request a hearing. In addition, an EMT certificate may be suspended or revoked based on criminal history information. Applicants with a criminal conviction or who are involved in an active prosecution can expect a delay in the processing of their application. For us to process your application, you must submit a letter explaining the case and copies of the final court docket/disposition which will help us in the decision process.

Live Scan Background Check Information & Instructions

Complete the fields on the Live Scan request form as listed below. If you are using the form from our website, some of this information is already completed:

APPLICANT SUBMISSION SECTION

ORI:	A1274
Authorized Applicant Type:	Emergency Medical Technician License/Certification
Agency Authorized to Receive:	San Mateo County EMS Agency
Mail Code (five-digit code assigned by DOJ):	04360
Street No. Street or P.O. Box:	801 Gateway Blvd., Ste. 200
Contact Name:	N/A
City:	South San Francisco
State:	CA
Zip Code:	94080
Contact Telephone Number:	(650) 573-2564

APPLICANT INFORMATION SECTION

Name of Applicant:	Enter your last name, first name and middle initial
Other Name (AKA or Alias):	Enter any other names you've used
Date of Birth:	Enter your date of birth
Sex:	Check the appropriate box
Driver's License Number:	Enter your California Driver's License number
Height:	Enter your height (feet and inches)
Weight:	Enter you weight
Eye Color:	Enter your eye color
Hair Color:	Enter your hair color
Place of Birth:	Enter you place of birth
Social Security Number:	Enter your social security number
Home Address:	Enter your home street address, city, state and zip

EMPLOYER SECTION

Employer Name:	EMSA
Mail Code:	02531
Address:	10901 Gold Center Drive, Suite 400
City:	Rancho Cordova
State:	CA
Zip:	95670
Telephone Number:	(916) 322-4336

****DO NOT COMPLETE ANY OTHER FIELDS ON THE FORM****

(If the form is filled out incorrectly, DOJ may reject it, requiring the background check to be repeated, including additional fees.)



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1274
ORI (Code assigned by DOJ)

Emergency Medical Technician License/Certification
Authorized Applicant Type

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

Contributing Agency Information:

San Mateo County EMS Agency
Agency Authorized to Receive Criminal Record Information

04360
Mail Code (five-digit code assigned by DOJ)

801 Gateway Blvd., Ste. 200
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

South San Francisco CA 94080
City State ZIP Code

(650) 573-2564
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 APPLICANT TO PAY
(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, Ste. 400
Street Address or P.O. Box

Rancho Cordova CA 95670
City State ZIP Code

+1 (911) 632-2433
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed