INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING

Fingerprinting Process: Here’s how to get started.

1. Review the list of locations that provide Live Scan Services and make an appointment if necessary. You will be charged a service fee and a DOJ processing fee. The DOJ processing fee is $32. The service fee varies by location as indicated on the locations list.

2. Complete your Live Scan application form available from our website http://www.sfdem.org. This form will be pre-filled with required EMSA information.

3. Arrive at the facility at your appointed time.

4. Bring the following with you to your fingerprinting appointment:
   a. Your completed Request for Live Scan Services application,
   b. Driver’s license or other valid form of identification such as a passport or State DMV ID.
   c. The form of payment you selected when you made your appointment.

5. The technician will scan your fingerprints and submit your data. This normally takes less than five minutes.

6. You will receive a signed receipt at the end of your fingerprinting session which can be submitted to your agency for proof of fingerprinting, if needed.

7. The results will be sent directly to the San Francisco EMSA.

INSTRUCTIONS FOR COMPLETING THE ‘REQUEST FOR LIVE SCAN’ SERVICE FORM

**NAME OF APPLICANT:** Enter Full Name

**AKA’s:** Enter any other names used

**DATE OF BIRTH:** Enter Date of Birth (mm/dd/yyyy)

**SEX:** Check appropriate box: Male or Female

**HEIGHT:** Enter Height: Express in Feet and Inches respectively (Do not use fractions of an inch. Example: 5’ 11”, 6’-01”)

**WEIGHT:** Enter Weight: Express in pounds (Do not use fractions of a pound; round off to nearest pound. Example: 98 lbs, 188 lbs)

**EYE COLOR:** Enter eye color
- Black BLK
- Blue BLU
- Brown BRO
- Gray GRY
- Green GRN
- Hazel HAZ
- Maroon MAR
- Pink PNK
- Maroon MAR
- Black BLK
- Brown BRO
- Sandy SDY
- Gray/Green GRN
- Pink PNK
- White WHI
- Red/Blond BLN
- Red/Auburn RED

**HAIR COLOR:** Enter hair color
- Bald BAL
- Brown BRO
- Sandy SDY
- Black BLK
- Partially Partially
- White WHI
- Brown BRO
- Red/Blond BLN
- Red/Auburn RED

**PLACE OF BIRTH:** Enter City, State and Country

**SOCIAL SECURITY NUMBER:** Enter social security number. If you do not have a social security number, leave space blank.

**CALIFORNIA’S DRIVER LICENSE:** Enter California Driver License/Identification Card Number. If you do not have a California Driver License/Identification Card Number, leave it blank.

**APPLICANT’S ADDRESS:** Enter residence address, city state and zip code.

**LEVEL OF SERVICE:** The DOJ box is pre-selected.
### Applicant Submission

<table>
<thead>
<tr>
<th>ORI (Code assigned by DOJ)</th>
<th>Authorized Applicant Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1328</td>
<td>Emergency Medical Technician/Certification</td>
</tr>
</tbody>
</table>

**San Francisco EMS Agency**

**Type of License/Certification/Permit OR Working Title:**

(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

**San Francisco Emergency Medical Services Agency**

*Agency Authorized to Receive Criminal Record Information*

**Street Address or P.O. Box**

San Francisco 333 Valencia Street, Suite 210

**City**

San Francisco 94103

**State**

CA

**ZIP Code**

94103

Contact Name (mandatory for all school submissions)

Camilla Arica

Contact Telephone Number

(628) 217-6000

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

04497

Contact Name (mandatory for all school submissions)

Camilla Arica

Contact Telephone Number

(628) 217-6000

### Applicant Information:

**Last Name**

[Name]

**First Name**

[Name]

**Middle Initial**

[Initial]

**Suffix**

[Suffix]

**Other Name: (AKA or Alias)**

[Name]

**Last Name**

[Name]

**First Name**

[Name]

**Suffix**

[Suffix]

**Date of Birth**

[Date]

**Sex**

[Male] [Female]

**Driver's License Number**

[Number]

**Height**

[Height]

**Weight**

[Weight]

**Eye Color**

[Color]

**Hair Color**

[Color]

**Place of Birth (State or Country)**

[Country]

**Social Security Number**

[Number]

**Home Address**

[Address]

**City**

[City]

**State**

[State]

**ZIP Code**

[ZIP Code]

### Employer (Additional response for agencies specified by statute):

**CA State Emergency Medical Services Authority**

**Employer Name**

[Name]

**Street Address or P.O. Box**

10901 Gold Center Drive, Suite 400

**City**

Rancho Cordova

**State**

CA

**ZIP Code**

95670

**Mail Code (five digit code assigned by DOJ)**

02531

**Telephone Number (optional)**

+1 (916) 322-4336

**Live Scan Transaction Completed By:**

**Name of Operator**

[Name]

**Date**

[Date]

**Transmitting Agency**

[Agency]

**LSID**

[Code]

**ATI Number**

[Number]

**Amount Collected/Billed**

[Amount]
EMT Applicant Background Check – Required Disclosures and Information

- Please retain the original LiveScan form as you are required to submit a copy with your EMT Application.

- If you have a question about how a conviction history impacts the ability to obtain an EMT Certificate, please email emsacertifications@sfgov.org.

- The EMS Agency cannot expedite processing of background checks nor provide status of your background check with the California Department of Justice (CA DOJ). For information on the status of your LiveScan, please visit: https://applicantstatus.doj.ca.gov/

- By submitting and completing a LiveScan, EMT Applicants are subject to a conviction history record check. Fingerprints will be retained by the CA DOJ and searched against other fingerprints on file, including latent fingerprints.

- EMT Applicants have the right to obtain a copy of their conviction history record, if any. An EMT applicant has the right to challenge the accuracy and completeness of their conviction history record, and to obtain a determination as to the validity of their record before the EMS Agency makes a final determination concerning their eligibility for adoption, employment, certification, licensing, or permitting. To request a copy of your conviction history, please email emsacertifications@sfgov.org or call 628-217-6000.

Applicants with questions or requests for additional information may reach the EMS Agency Certification Team by email at emsacertifications@sfgov.org.
Common Live Scan Errors

For Applicants:

- **Incomplete or Incorrect Information:**
  - Double-check all personal details on the application form, including name, date of birth, social security number, and aliases (if any). All information must match government issued photo ID submitted with application and provided to live scan technician.

- **Please note:**
  - Additional fees may be incurred if the live scan is incomplete or for repeat live scan submissions.

For Live Scan Technicians:

- **Incorrect Scan Transmission:**
  - Verify the fingerprint scans and applicant data are transmitted to the designated agency electronically. **“Name only” FBI searches will not be accepted.**

- **Poor Fingerprint Quality:**
  - Ensure proper technique is used to capture clear and complete fingerprints. Smudged, incomplete, or unclear prints may lead to submission being rejected.

- **Data Entry Errors:**
  - Carefully enter all applicant information into the live scan system. SSN must be entered and field not left blank –for EMT certification purposes, this field is mandatory.

Additional Tips:

- Review instructions with the live scan provider or requesting agency beforehand.
- If unsure about any information, clarify with the appropriate party before submission.
- Keep a copy of your completed application, live scan form, and any receipts for future reference.

By following these tips and avoiding common errors, the live scan process can be completed efficiently for both applicants and technicians.