



EMERGENCY MEDICAL
SERVICES PROGRAM

County of Santa Cruz

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVE., SANTA CRUZ, CA 95061-0962

TELEPHONE: (831) 454-4120 FAX: (831) 454-4488 TDD/TTY-CALL 711

DIRECTIONS FOR COMPLETION OF LIVE SCAN FORM

Complete the fields listed below

ORI: A9347

Authorized Applicant Type: Emerg Med Tech Lic/Cert

Type of License/ Certification/Permit or Working Title: Emergency Medical Technician

Agency Authorized to Receive Criminal Record Information: Santa Cruz County Health Services Agency / EMS

Mail Code (five digit code assigned by DOJ): 11053

Street No. Street or P.O. Box: P. O. Box 962

Contact Name: Brenda Brenner

City: Santa Cruz **State:** CA **Zip Code:** 95061

Contact Telephone No.: (831) 454-4751

Name of Applicant: Enter your Last name, First name and Middle initial

Other name/Alias: Enter any other names you've used

Driver's License No.: Enter your California Driver License number

Date of Birth: Enter your date of birth

Sex: Check the appropriate box

Height: Enter your height (feet and inches)

Weight: Enter your weight in pounds

Eye Color: Enter your eye color

Hair Color: Enter your hair color

Place of Birth: Enter your place of birth

SOC: Enter your Social Security Number

Home Address: Enter your home street address, city, state and zip code

Level of Service: Check the DOJ box and the FBI BOX

Employer: Emergency Medical Services Authority

Mail Code: 02531

Address: 10901 Gold Center Dr., Suite 400 **City:** Rancho Cordova **State:** CA **Zip Code:** 95670

Telephone: +1-916-322-4336

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.)