STATE OF CALIFORNIA
DEPARTMENT OF FORESTRY AND FIRE PROTECTION
Request for Live Scan Service (Department of Justice BCII 8016) Instructions and Live Scan Form
(pre-filled)
EMS-703 (Rev 08/13)
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Request for Live Scan Service (Department of Justice BCII 8016) Instructions and Live Scan Form

FILL OUT THE CORRECT FORM

- Emergency Medical Technician (EMT) applicants applying for certification with an agency other than CAL FIRE should not use these instructions
- Applicants applying for CAL FIRE EMT certification must use the Department of Justice (DOJ) Request for Live Scan Service (DOJ BCII 8016) pre-filled with CAL FIRE Emergency Medical Services (EMS) Program (page 2)
- The Request for Live Scan Service (DOJ BCII 8016) must be completed by an EMT applicant for:
    - o Initial EMT certification (or initial entry to the Central Registry)
    - o An EMT applicant changing Certifying Entities
- Failure to use the prefilled BCII-8016 form will delay the application process and may necessitate another live scan

HOW TO FIND A LIVE SCAN SITE

- To find the closest live scan site visit the DOJ Live Scan Operator List website, or check with Unit/Program for approved list of live scan vendors.

    http://ag.ca.gov/fingerprints/publications/contact.php

DOCUMENTS TO BRING TO LIVE SCAN SITE

Applicant must bring the following documents to the live scan site:

- Three copies of the completed, prefilled Request for Live Scan Service (DOJ BCII 8016)

    - o Copy 1: Live Scan Operator
    - o Copy 2: CAL FIRE EMS Program (attached to application for certification)
    - o Copy 3: Retain for your records

- State or Federal issued photo identification (driver's license, passport or state issued identification card)
- Payment for live scan fingerprint rolling service only (cost of live scan varies with provider)

FORM FIELD	COMMENT	INSTRUCTION
ORI (*Code assigned by DOJ*):	Pre-filled	CA0340500
Authorized Applicant Type:	Pre-filled	"Emerg Med Tech Lic/Cert"
Type of Lic./Cert./Permit or Working Title:	Pre-filled	CAL FIRE EMT
Contributing Agency Information:	Pre-filled	CA Dept of Forestry and Fire Protection
Mail Code:	Pre-filled	15251
Street Address or P.O. Box:	Pre-filled	P.O. Box 944246
Contact Name:	Pre-filled	Noele Richmond
City, State, Zip Code:	Pre-filled	Sacramento, CA 94244-2460
Contact Telephone Number:	Pre-filled	209-274-2426
Applicant Information:	Enter the Requested Information (always include middle initial, and any alias or other names known by (maiden, etc.).	
Billing Number:	Pre-filled	145881
Misc. Number:	Enter your telephone number in this area	
Your Number (OCA Number)	Leave blank	Leave blank
Level of Service:	Pre-Filled	FBI & DOJ boxes are checked
Original ATI Number:	*Leave blank	***If applicant needs to resubmit, please write in ATI number from original live scan**
Employer:	Pre-filled	This area **MUST** contain EMSA contact information to ensure the duplicate report delivery destination
Live Scan Transaction Completed by:	Leave blank	To be completed by live scan operator