FOR EMR PERSONNEL ONLY - DO NOT USE FOR EMT/AEMT CERTIFICATION

1. **Complete the requested applicant information:**
   - Name
   - AKA or Alias (if applicable)
   - Date of birth
   - Sex
   - Driver's License Number
   - Height
   - Weight
   - Eye Color
   - Hair Color
   - Place of Birth
   - Social Security Number
   - Home Address
   - Your Number - Re-enter your Social Security Number without dashes
   - Leave all other form fields blank

2. **For a map of Live Scan Locations:**
   - Go to: *https://oag.ca.gov/fingerprints/locations*

3. **Print three (3) copies of the Live Scan Form. Use only this pre-filled form provided by the S-SV EMS Agency. Any incorrect information will delay the application process:**
   - Copy 1: Provide to the Live Scan Operator
   - Copy 2: Retain for your records
   - Copy 3: Provide to the S-SV EMS Agency with your application

Please contact the S-SV EMS Agency at (916) 625-1702 with any questions you may have regarding the EMR certification / recertification or the Live Scan process.

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