

**CENTRAL REGISTRY  
PROCEDURE MANUAL**

<b>Subject: Live Scan Form Instructions for Certifying Entities</b>	<b>Number: 650-81</b>
<b>Effective Date: 5/24/2017</b>	

INSTRUCTIONS FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE  
APPLICANT SUBMISSION FORM

As authorized by Health & Safety Code Section 1797.118, after July 1, 2010 every EMT certificate holder or applicant shall have their fingerprint images and related information submitted to the authority for submission to the Department of Justice pursuant to the regulations adopted pursuant to Section 1797.117 for a state and federal level criminal offender record information search, including subsequent arrest information.

**Certifying Entities**, please follow the instructions sheet below for completing the Request for Live Scan Services Applicant Submission Form. Live Scan terminals where you can send your EMTs and EMT applicants to be fingerprinted are located in sheriffs' offices and police departments throughout the state as well as public applicant Live Scan sites. A list of Live Scan terminal locations can be found on the Internet at the DOJ Live Scan web site.

Fingerprint fees for processing the criminal history check are established by DOJ and may be subject to change. The current nonrefundable fee for this process is \$49 (\$32 for the state and \$17 for the federal background checks) and is payable to the Department of Justice or to the Live Scan Agency doing the fingerprinting. The "rolling fee" for Live Scan fingerprinting, which is separate from the fee for processing the criminal history check(s), is paid directly to the agency conducting the Live Scan fingerprinting, and may vary by agency.

The Certifying Entity and the EMS Authority will receive the results of the criminal history check(s) electronically within seven to ten days of being fingerprinted in most cases. However, if manual processing is required, it may take longer to receive the results and in some rare cases it may take as long as 30 days or more.


**FBI Inquiries- If after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. [Order No. 1134-86, 51 FR 16677, May 6, 1986, as amended by Order NO. 2258-99, 64 FR 52226, Sept. 28, 1999] Federal Code of Regulations, Title 28, Section 16.34**

## INSTRUCTIONS

Certifying Entities must use the below BCIA 8016 Request for Live Scan Service form when sending EMT certification applicants for DOJ/FBI print submission. Please type or print the required information clearly in the areas identified in section 1-3 of this instruction sheet prior to sending EMT or EMT applicants to a live scan location. Have the EMT certificate holder or EMT applicant take the original and two copies of the BCIA 8016 form to the live scan agency when submitting fingerprints to DOJ and FBI.

### Part 1: Applicant Submission

1. Prior to sending EMT applicants for DOJ/FBI fingerprint submission, type or print all fields identified in the Applicant Submission section of this form as indicated below.



STATE OF CALIFORNIA  
BCIA 8016  
(orig. 04/2001; rev. 01/2011)

DEPARTMENT OF JUSTICE

### REQUEST FOR LIVE SCAN SERVICE

Print Form
Reset Form

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**Applicant Submission**

ORI (code assigned by DOJ)

Authorized Applicant Type

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

**ORI**  
Enter: Your agency ORI number Only

**Authorized Applicant Type**  
Enter: Emergency Medical Technician (EMT) Lic/Cert

**Type of License/Certification/Permit OR Working Title**  
Enter: EMT certificate

## Part 2: Contributing Agency Information

1. This section of the BCIA 8016 form pertains to the certifying entity requesting DOJ/FBI print results.
2. The certifying entity should complete this section of the form prior to sending EMT applicant for DOJ/FBI print submission.
3. Please type or print required information in the fields as indicated in each section below.

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Street Address or P.O. Box

City State ZIP Code

Mail Code (five-digit code assigned by DOJ)

Contact Name (mandatory for all school submissions)

Contact Telephone Number

### Agency Authorized to Receive CORI Info

Certifying Entity name

### Street Address

Certifying Entity complete address

### Contact Telephone Number

List the contact number

### Mail Code

The five digit mail code assigned to the Certifying Entity by DOJ

### Contact Name

List the custodian of records (COR) first and last name

## Part 3: Employer (Additional response for agencies specified by statute)

1. This section should be completed with the following information to ensure a dual response is sent to the EMS Authority as required in statute. (Health and Safety Code 1797.117)

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

Telephone Number (optional)

If live scan location reports that EMT Applicant Type is being rejected in the DOJ system, contact DOJ ORI Unit at: [ORIQuestions@doj.ca.gov](mailto:ORIQuestions@doj.ca.gov)

For all other fingerprint questions, contact DOJ Applicant Program at: [appagencyquestions@doj.ca.gov](mailto:appagencyquestions@doj.ca.gov)