

**EMERGENCY MEDICAL SERVICES****AUTHORITY**

11120 International Drive, 2nd floor

Rancho Cordova, CA. 95670

PHONE: (916) 322-4336 FAX: (916) 324-2875

**Instructions for Completing Fingerprint Card**

As authorized by Health & Safety Code Section 1797.172, all new applicants for licensure as a Paramedic and Paramedics whose licenses have lapsed beyond one year are required to submit fingerprints for a criminal history check prior to being licensed. License applicants that reside outside of California are required to submit a fingerprint card (FD-258) for both a California Department of Justice (DOJ) and a Federal Bureau of Investigation (FBI) criminal history check.

California Penal Code Section 11102.1 precludes the DOJ from accepting applicant fingerprints unless the impressions were rolled by a certified fingerprint roller, or by an individual who is specifically exempt from the certification requirement. Currently, only law enforcement personnel and state employees who have met specified requirements are exempt from the certification requirement. This statute was enacted to protect the integrity of California's criminal history records and guard against fraud by certifying those individuals who roll applicant fingerprint impressions.

In order to meet this mandate and avoid the processing delays and additional costs that result from fingerprint rejects, individuals residing outside of California and applying for employment or licensure in California, who cannot be fingerprinted in California, must have their fingerprints rolled at a law enforcement agency in their state of residence.

The non-refundable fee for processing the DOJ criminal history check is \$32. There is an additional fee of \$17 for the FBI criminal history check, and a rolling fee to the agency doing the fingerprinting. The DOJ and FBI processing fees are in addition to the rolling fee which is normally paid directly to the agency doing the fingerprinting. The DOJ and FBI fees are subject to change without notice. Once you have had your fingerprints done, send your completed fingerprint card with a check or money order, payable to the Department of Justice, in the amount of \$49 for processing a DOJ and the FBI criminal history check, to:

California Department of Justice  
P. O. Box 903417  
Sacramento, Ca 94203-4170

DOJ will forward the fingerprints to the FBI for processing and the results of the criminal history.

**IMPORTANT: 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. 113 -86, 51 FR 16677, May 6, 1 86, as amended by Order NO. 2258- , 6 FR 52226, Sept. 28, 1 Federal Code of Regulations, Title 28, Section 16.3 .

## EMERGENCY MEDICAL SERVICES AUTHORITY

- 11120 International Drive, 2nd floor  
Rancho Cordova, CA. 95670  
PHONE: (916) 322-4336 FAX: (916) 324-2875



## INSTRUCTIONS

**DO NOT FOLD CARD.** Please type or print in **black ink**. Fill in the following blocks completely.

1. **Signature of Person Fingerprinted** Place your signature here.
2. **Residence of Person Fingerprinted**  
Place your address here.
3. **Date**  
Date fingerprints taken.
4. **Signature of Official Taking Fingerprints**  
The official taking the fingerprints should sign.
5. **Employer and Address**  
EMS Authority  
11120 International Drive, 2nd floor Rancho  
Cordova, CA. 95670-6073
6. **Reason Fingerprinted**  
License - Paramedic
7. **Name (NAM)**  
Indicate complete name.
8. **Aliases (A A)**  
Indicate other names used (i.e., maiden name, nickname and/or alias name[s]).
9. **Date of Birth (DOB)**  
Indicate month-day-year of birth.
10. **Sex**  
Indicate sex code abbreviation.  
M=Male F=Female
11. **Height (HGT)**  
Indicate height in feet and inches.
12. **Weight (WGT)**  
Indicate weight in pounds.
13. **Eyes**  
Indicate eye color abbreviation.  
  
BLK = Black      GRY = Gray  
BLU = Blue      GRN = Green  
BRO = Brown      HAZ = Hazel
14. **Hair**  
Indicate hair code abbreviation.  
  
BAL = Bald      BRO = Brown      SDY = Sandy  
BLK = Black      GRY = Gray      WHI = White  
BLN = Blond      RED = Red
15. **Place of Birth (POB)**  
Indicate the state or country of birth.
16. **FBI No.**  
Should be furnished if known.
17. **Social Security No. (SOC)**  
Indicate Social Security number.

When having your fingerprints processed please ensure all of the highlighted fields are input on the fingerprint card being used.

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		LEAVE BLANK	
		LAT NAME		F RS NAME		MIDDLE NAME	
SIGNATURE *If PERSON f NGERPRINTED		ALIAS> 8_M		CA0349400			
RhiDL<Ct )f PERSON f<Go RPRINTED				BU OF ID & IN			
				SACRAMENTO, CA			
DAT poGNA URE CT )I _AL AK>IC f NGER**NI >		C INSH PTH		RACE		DOB	
				WGT		Mo- Joy Ye Jr	
		YOUR NO OCA		EYES		CLASS	
Emergency Medical Services Authority		FBI NO FBI		HAIR		LEAVE BLANK	
11120 International Drive, 2nd floor		ARMED FORCES NO MNU		REL			
Rancho Cordova CA 95670		SOCIAL SECURITY NO SS					
ORI CODE: A0536		ISCELLANEOUS NO MNU					
MAIL CODE: 02531							
LICENSE: EMT/PARMED/MOB INT NURSE							
R H MB		R I**CEX		3 F MIDDLE			
6 L THUMB		7 R INDEX		8 L MIDDLE		9 L RING	
						10 L UTTER	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L THUMB		R THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	



## APPLICATION TO OBTAIN COPY OF STATE SUMMARY CRIMINAL HISTORY (HARD CARD FD-258)

California Penal Code sections 11120 through 11127, afford a person an opportunity to obtain a copy of his or her record, if any, contained in the files of the California Department of Justice's (DOJ) Bureau of Criminal Information and Analysis (BCIA) and refute any erroneous or inaccurate information contained therein. Pursuant to California Penal Code section 11124, the purpose of a record review is to provide an individual or designee indicated on the background check request with a copy of the individual's record or notice of a No Record existence.

The applicant may use the information received to answer questions regarding past criminal history, or to complete an application or questionnaire. Pursuant to California Penal Code sections 11125, 11142, and 11143, this process is not to be used to obtain a copy of criminal history information to furnish to a person or agency for purposes such as certification, employment, licensing, immigration, or visa. A violation of these sections is a misdemeanor.

The DOJ will only mail a response to the applicant and to the designee as identified by the applicant on the BCIA 8705 form.

A standard 10-print fingerprint card (FD-258) with the applicant's fingerprint impressions containing the name, descriptive data, mailing address of the applicant, and the \$25.00 Record Review background check fee in the form of a personal check drawn on a U.S. bank, money order, certified check, or cashier's check, made payable to the California Department of Justice, **must accompany this application.**

The following information is necessary to ensure the processing of your request. Failure to follow the procedures may result in a delay in processing or rejection of your application.

-----

TYPE OR PRINT:

Name (Last, First, Middle)

Alias (if applicable)

Maiden Name (if applicable)

Home Address (Number and Street)

APT #

City, State, ZIP Code

Date of Birth

Sex



Social Security Number

Driver's License/ID Number

Designee's Name (if any, do **not** include employer) (Last, First, Middle)

Address (Number and Street)

APT #

City, State, ZIP Code

REASON FOR  
APPLICATION:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

MAIL COMPLETED FORM TO:

California Department of Justice  
Bureau of Criminal Identification and Analysis  
Record Review & Challenge Section  
P.O. Box 160207  
Sacramento, CA 95816-0207

If you have questions regarding completion of this form, or inquiries regarding the status of your record review request, contact the Record Review & Challenge Section at (916) 227-3835.



## APPLICATION TO OBTAIN COPY OF STATE SUMMARY CRIMINAL HISTORY (HARD CARD FD-258)

### CALIFORNIA PENAL CODE

#### Article 5. Examination of Records

**11120.** As used in this Article, "record" with respect to any person means the state summary criminal history information as defined in subdivision (a) of Section 11105, maintained under such person's name by the Department of Justice.

**11121.** It is the function and intent of this article to afford persons concerning whom a record is maintained in the files of the bureau an opportunity to obtain a copy of the record compiled from such files, and to refute any erroneous or inaccurate information contained therein,

**11122.** Any person desiring a copy of the record relating to himself shall obtain an application form furnished by the department which shall require his fingerprints in addition to such other information as the department shall specify. Applications may be obtained from police departments, sheriff departments, or the Department of Justice. The fingerprinting agency may fix a reasonable fee for affixing the applicant's fingerprints to the form, and shall retain such fee.

**11123.** The applicant shall submit the completed application directly to the department. The application shall be accompanied by a fee not to exceed twenty-five dollars (\$25) that the department determines equals the cost of processing the application and providing a copy of the record to the applicant. All fees received by the department under this section are hereby appropriated without regard to fiscal years for the support of the Department of Justice in addition to such other funds as may be appropriated therefor by the Legislature. Any request for waiver of fee shall accompany the original request for the record and shall include a claim and proof of indigency.

**11124.** When an application is received by the department, the department shall determine whether a record pertaining to the applicant is maintained. If such record is maintained, the department shall furnish a copy of the record to the applicant or to an individual designated by the applicant. If no such record is maintained, the department shall so notify the applicant or an individual designated by the applicant. Delivery of the copy of the record, or notice of no record, may be by mail or other appropriate means agreed to by the applicant and the department.

**11125.** No person or agency shall require or request another person to furnish a copy of a record or notification that a record exists or does not exist, as provided in Section 11124. A violation of this section is a misdemeanor.

**11126.** (a) If the applicant desires to question the accuracy or completeness of any material matter contained in the record, he or she may submit a written request to the department in a form established by it. The request shall include a statement of the alleged inaccuracy or incompleteness in the record, and its materiality, and shall specify any proof or corroboration available. Upon receipt of the request, the department shall review the record to determine if the information correctly reflects the source documents, and if it does not, the department shall make the necessary corrections and shall provide the applicant with a corrected copy of the record. If the accuracy of the source documents is questioned, the department shall forward it to the person or agency which furnished the questioned information. This person or agency shall, within 30 days of receipt of the written request for clarification, review its information and forward to the department the results of the review.

(b) If the agency concurs in the allegations of inaccuracy or incompleteness of the record, and finds that the error is material, it shall correct its record and shall so inform the department, which shall correct the record accordingly. The department shall inform the applicant of its correction of the record under this subdivision within 30 days. The department and the agency shall notify all persons and agencies to which they have disseminated the incorrect record in the past 90 days of the correction of the record, and the applicant shall be informed that the notification has been given. The department and the agency shall also notify those persons or agencies to which the incorrect record has been disseminated which have been specifically requested by the applicant to receive notification of the correction of the record, and the applicant shall be informed that the notification has been given.

(c) If the department or the agency denies the allegations of inaccuracy or incompleteness in the record, the matter shall be referred for administrative adjudication in accordance with Chapter 5 (commencing with Section 11500) of Part 1, Division 3, Title 2 of the Government Code for determination of whether material inaccuracy or incompleteness exists in the record. The department shall be the respondent in the hearing. If a material inaccuracy or incompleteness is found in any record, the department and the agency in charge of that record shall be directed to correct it accordingly. The department and the agency shall notify all persons and agencies to which they have disseminated the incorrect record in the past 90 days of the correction of the record, and the applicant shall be informed that notification has been given. The department and the agency shall also notify those persons or agencies to which the incorrect record has been disseminated which have been specifically requested by the applicant to receive notification of the correction of the record, and the applicant shall be informed that the notification has been given. Judicial review of the decision shall be governed by Section 11523 of the Government Code. The applicant shall be informed of the decision within 30 days of its issuance in accordance with Section 11518 of the Government Code.

**11127.** The department shall adopt all regulations necessary to carry out the provisions of this article.



## APPLICATION TO OBTAIN COPY OF STATE SUMMARY CRIMINAL HISTORY (HARD CARD FD-258)

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Penal Code sections 11120 through 11127. The CJIS Division uses this information to afford persons an opportunity to obtain a copy of their record, if any, contained in the files of the DOJ, Bureau of Criminal Information & Analysis (BCIA), and refute any erroneous or inaccurate information contained therein. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at: <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to afford persons an opportunity to obtain a copy of their record, if any, contained in the files of the DOJ and BCIA, and refute any erroneous or inaccurate information, we may need to share the information you give us with other government agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Record Review Section manager by e-mail at [recordreview@doj.ca.gov](mailto:recordreview@doj.ca.gov), by phone at (916) 227-3835, or via mail at:

California Department of Justice  
Bureau of Criminal Information and Analysis  
Record Review & Challenge Section  
P.O. Box 160207  
Sacramento, CA 95816-0207