

CONTRACT FOR SUBSEQUENT ARREST NOTIFICATION SERVICE

BCII 8049 (orig.12/98;rev.10/04)

Department of Justice
Bureau of Criminal Identification and Information
P.O. Box 903417
Sacramento, CA 94203-4170

The agency listed below is authorized to receive state summary criminal history information from the files of the Department of Justice for employment, licensing or certification purposes. This agency further requests that fingerprint transactions submitted for this purpose be retained in Bureau files for **California** only subsequent arrest notification service pursuant to Section 11105.2 of the California Penal Code. **Fingerprint submissions received before the effective date of this contract will not be retained by the Department of Justice.**

AGENCY NAME: _____
AGENCY ADDRESS: _____
CITY, STATE, ZIP: _____
ORI NUMBER: (If Applicable) _____
CONTACT PERSON: _____ TELEPHONE: _____

Please retain the following authorized categories:

ALL EMPLOYEES ALL LICENSES, CERTIFICATES OR PERMITS

 OTHER (specify): _____

This agency certifies that to its knowledge, there is no statute or regulation prohibiting this notification, that all requirements for criminal record security and privacy of individuals will be met. This agency will notify the Bureau of Criminal Identification and Information when it no longer has a legitimate interest in a subject, as required by Section 11105.2 of the California Penal Code. The agency agrees to immediately return any subsequent arrest notification received from DOJ for any person unknown to the agency. The agency understands that disposition information will only be provided by the DOJ if such information is available in the DOJ's records at the time the subsequent arrest notification is made to the agency.

APPROVED: (Department of Justice area only)

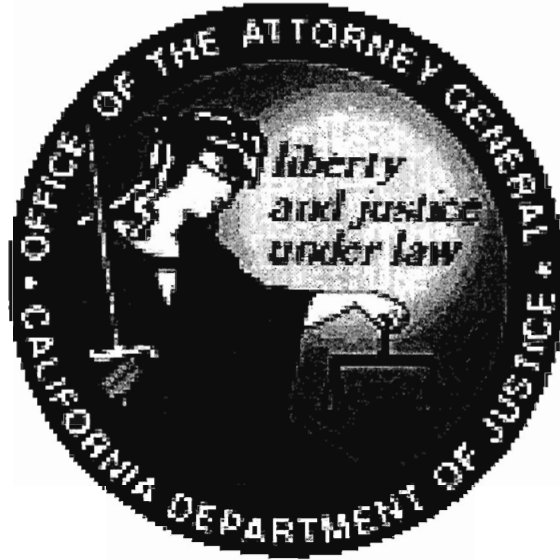
Signature of Agency Representative
Date

Print Name

Title of Agency Representative

Signature of DOJ Representative
Applicant Processing Program
Bureau of Criminal Identification and Information

Effective Date



THE DEPARTMENT OF JUSTICE

**BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION**

APPLICANT PROCESSING PROGRAM

LIVE SCAN REQUEST PACKET

**DEPARTMENT OF JUSTICE
BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION
APPLICANT PROCESSING PROGRAM
LIVE SCAN REQUEST PACKET**

TABLE OF CONTENTS

OVERVIEW	PAGE ii
REQUEST FORM FOR ASSIGNMENT OF CONTRIBUTING AGENCY ORI AND/OR RESPONSE MAIL CODE- EXAMPLE FORM	PAGE 1
GUIDELINES FOR COMPLETING "REQUEST FORM"	PAGE 2
REQUEST FORM FOR ASSIGNMENT OF CONTRIBUTING AGENCY ORI AND/OR RESPONSE MAIL CODE- ACTUAL FORM	PAGE 3
NOTIFICATION OF ORI, MAIL CODE AND/OR BILLING NUMBER ASSIGNMENT	PAGE 4
REQUEST TO CHANGE FORM	PAGE 5
APPLICANT LIVE SCAN BILLING PROCEDURES	PAGES 6-7
BILLING ACCOUNT APPLICATION	PAGE 8
SECURITY OF CRIMINAL OFFENDER RECORD INFORMATION	PAGE 9-10
SUBSCRIBER AGREEMENT	PAGE 11-12
REQUEST FOR LIVE SCAN SERVICE FORM- EXAMPLE FORM	PAGE 13
GUIDELINES FOR COMPLETING "LIVE SCAN SERVICE FORM"	PAGE 14

**DEPARTMENT OF JUSTICE REQUEST FOR
CONTRIBUTING AGENCY ORI AND/OR RESPONSE MAIL CODE**

In order to submit applicant fingerprints via Live Scan, you must have an ORI code to identify your agency. In order to receive responses electronically, you must request a Response Mail Code. Note that electronic responses will be sent to a secure electronic mailbox from which you will retrieve your messages. **In order to receive a Mail Code, you must have a completed Subscriber Agreement (copy enclosed pages 11-12) on file with the Department of Justice or returned with this request.**

1 Request for ORI Request for Electronic Response Mail Code

Contributing Agency Name: 2 _____

Mailing Address: _____

City, State and Zip Code: _____

Your projection for monthly applicant submissions: _____

Contact Person Name: 3 _____ Phone Number: 4 (_____) _____

Please check the box(es) for the types of applicants for whom you will be submitting:

Employment 5 _____

Title or Position (i.e., Classified Employee)

License, Certification, Permit 6 _____

Identify Licensing Agency (as it would appear on Fingerprint card, i.e. Dept of Social Services)

Volunteers 8 _____

9 We request that all responses be sent electronically to the same secure mailbox.

OR:

10 We request separate secure mailbox(es) for the following application types(s):

Employment

License, Certification, Permit

Volunteers

ORI's and mail code number(s) will be assigned by the DOJ and returned to you on the attached form. Please fill in your agency address as indicated enclose the form with your request.

**GUIDELINES FOR COMPLETING
“REQUEST FORM FOR ASSIGNMENT OF CONTRIBUTING
AGENCY ORI AND/OR RESPONSE MAIL CODE”**

CATEGORY	INSTRUCTIONS
1) Service(s) Requested:	Check the appropriate box(es). You must request an ORI if you do not already have one and you intend to submit via Live Scan. You must request an electronic response mail code if you want your responses to be sent electronically to a secure mail server instead of by U.S. mail. Your agency will be assigned an ORI and/or mail code number by DOJ.
2) Contributing Agency Name, Mailing Address and Projected Monthly Submissions:	Enter the appropriate information.
3) Contact Person:	Enter name of the person within your agency DOJ can contact if any questions arise.
4) Phone Number:	Enter the contact person's phone number.
5) Employment:	Check this box if you will be submitting fingerprints of potential employees and enter the title or position of employees to be fingerprinted. If you will submit for all employees, state "all employees"
6) License, Certification, Permit:	Check this box if you will submit for licenses, certifications or permits and enter the types of license, etc. you issue. If you will submit for all licenses, certifications and permits, enter "all"
7) Identify Licensing Agency:	If you checked the License, Certification, Permit box, please provide the licensing agency name as it would appear on a fingerprint submission.
8) Volunteers:	Check this box if you will be fingerprinting volunteers.
9) Electronic Response Mailbox:	Check this box if ALL SUBMISSIONS will be going to the same electronic response mailbox.
10) Designate More Than One Electronic Response:	If responses in your agency are designated to different locations based on the application type, and you want a separate mailbox for any or all of your applicant types, check the appropriate box(es).

**DEPARTMENT OF JUSTICE REQUEST FOR
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Request for ORI Request for Electronic Response Mail Code

Contributing Agency Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Your projection for monthly applicant submissions: _____

Contact Person Name: _____ Phone Number: (____) _____

Please check the box(es) for the types of applicants for whom you will be submitting:

Employment _____

Title or Position (i.e., Classified Employee)

License, Certification, Permit _____

Identify Licensing Agency (as it would appear on Fingerprint card, i.e. Dept of Social Services)

Volunteers

We request that all responses be sent electronically to the same secure mailbox.

OR:

We request separate secure mailbox(es) for the following application types(s):

Employment

License, Certification, Permit

Volunteers

ORI's and mail code number(s) will be assigned by the DOJ and returned to you on the attached form. Please fill in your agency address as indicated enclose the form with your request.

**STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION
APPLICANT LIVE SCAN**

OVERVIEW

Applicant Live Scan is a system for the electronic submission of applicant fingerprints and the subsequent automated background check and response. Live scan technology replaces the process of recording an individual's fingerprint patterns manually through a rolling process using ink and a standard 8" x 8" fingerprint card. Fingerprints can be digitized through an electronic process (Live Scan), enabling the electronic transfer of the fingerprint image data, in combination with personal descriptor information, to central computers at the Department of Justice. This transfer of information takes place in a matter of seconds, instead of the days required to send hard copy fingerprint cards through the U.S. mail. The applicant visits an Applicant Live Scan satellite location where the fingerprint images and related data are electronically transmitted to the Department of Justice. The recent, rapid expansion of the number of applicant live scan devices has resulted in an ever increasing volume of applicants availing themselves of live scan technology.

With Live Scan, the applicant is provided with a "Request for Live Scan Service" form (BCII 8016). The applicant is also provided with a list of nearby live scan locations and must go to one of the specified locations to submit fingerprints. At these locations, a trained certified operator enters the information from the BCII 8016 form into the live scan terminal and initiates the live scan fingerprinting process. After successful electronic capture of the fingerprint images and the accompanying data, the information is electronically transmitted to the Department of Justice.

Once the fingerprints and data are received by the Department of Justice they are electronically processed by the DOJ Networked AFIS Transaction Management System (NATMS). Most live scan submissions that have no data or quality errors and do not result in possible criminal history matches are processed automatically and are responded to electronically. Live scan transmissions requiring analysis of a criminal record are electronically sent to the Applicant Response Unit for analysis and dissemination. Live scan submissions are responded to by electronic mail, and/or U.S. mail when the electronic mail response is not available.

The Department of Justice will also coordinate other electronic processes resulting from the automated submissions of fingerprints, including forwarding the fingerprints to the FBI (if required) and coordinating the collection of associated fees.

In order to request this service, your company must first be authorized by the Department of Justice. You can obtain the forms to start the authorization process at <http://ag.ca.gov/fingerprints/agencies.php>. If your agency has been previously authorized, complete the appropriate forms in this packet and submit them to the Department of Justice.

The demands on the Applicant Program continue to increase as the legislature and various public and private agencies recognize the importance of requiring fingerprint-based criminal background checks for various employment, licensing and certification purposes. We sincerely hope that this information will be useful and will answer your questions about the electronic processing of fingerprints in California.



BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION
4949 BROADWAY
P.O. BOX 903417
SACRAMENTO, CA 94203-4170
Public: (916) 227-3823

**NOTIFICATION OF
ORI, MAIL CODE AND/OR BILLING NUMBER**

REQUESTING Agency- please provide a complete address below. Also, please enclose a self-addressed mailing label so that we may return important information to you.

[County of El Dorado]
Emergency Medical Services Agency
415 Placerville Drive, Suite J
Placerville, CA 95667
[]

Listed below are the ORI, Mail Code and/or Billing Number assigned to your agency for applicant responses. Should your address or agency information change you must notify the Department of Justice immediately. Please forward any changes to the above address, **Attention: Applicant Processing Program.**

ORI _____
Mail Code _____
Billing Number _____

If separate response locations have been requested, the assigned codes are as follows:

Type	ORI	Mail Code
Employment	_____	_____
Licensing, Certification or Permit	_____	_____
Volunteer	_____	_____

Please return the Request Form, Notification of ORI, Mail Code and/or Billing Number and Subscriber Agreement to:

Department of Justice
Applicant Processing Program-Live Scan Request
P.O. Box 903417
Sacramento, CA 94203-4170



BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION
4949 BROADWAY
P.O. BOX 903417
SACRAMENTO, CA 94203-4170
Public: (916) 227-3823

APPLICANT SUBMITTING AGENCY REQUEST TO CHANGE:

- Agency Name
- Agency Address
- Change Fax Number to Electronic SMSS for Applicant Response
- Contact Person / Phone Number

OLD INFORMATION

Agency Name: _____

Agency Address: _____

Response Fax Number: _____

Contact Person: _____

CURRENT (NEW) INFORMATION

Agency Name: _____

Agency Address: _____

Mail Code Number: _____

Contact Person: _____

Telephone #: _____

REQUESTOR INFORMATION:

Name: _____

Signature: _____

Date: _____

Telephone Number: _____

Agency Name: _____

AORI: _____ Mail Code: _____

Billing Number: _____

Your Projection for Monthly Submissions: _____

Mail or fax this form to:

Department of Justice
Applicant Processing Program
P.O. Box 903417
Sacramento, CA 94203-4170

Fax number: (916) 227-2000

FOR DOJ USE ONLY:

- ___ Update authorized Agency List
- ___ Update ORI Tables
- ___ Update RDU Mailing Labels
- ___ Notify Record Security
- ___ Notify Field Operations
- ___ Notify Accounting

**DEPARTMENT OF JUSTICE
APPLICANT LIVE SCAN BILLING PROCEDURES**

The Department of Justice (DOJ) has developed the following procedures for the billing and collection of fingerprint fees. The first requirement for participation in the applicant Live Scan billing process is to provide DOJ with billing authorization to allow fee collection for services provided. Agencies must provide the following:

- All applicant agencies that wish to be billed for submitting fingerprints via live scan must complete Form BCII 9000 (Billing Account Application) located on Page 8 of this packet; and
- Non-state live scan agencies (e.g., public schools) must complete a Memorandum of Understanding; or
- State agencies (e.g., Social Services) with live scan devices must complete a new Interagency Agreement even if they currently have one.

The submission of these documents will result in the assignment of a unique customer billing number that must be entered by the live scan operator on all live scan transmissions. If your agency already has a customer billing number for the processing of manual fingerprint cards, the same customer billing number may be used for applicant live scan.

The following actions must occur in order for DOJ to generate a monthly invoice for services and to ensure that the correct agency is billed for services received.

- The live scan operator must input a customer billing number on every applicant live scan transmission sent to DOJ. The customer billing number keyed should be either the number for the live scan agency or the licensing applicant agency, to be determined as follows:
 - **Live Scan Agency:** If the live scan agency collects cash or a check for payment of the DOJ and/or federal services, the live scan agency **must be** the agency billed. In this case, the operator must always enter the customer billing number of the live scan agency into the transmission.
 - **Please note: If the applicant is fee exempt, the live scan operator must still enter the live scan agency's customer billing number into the transmission. No charges will be billed to the agency for fee exempt transmissions.**
 - **Applicant Agency:** If the live scan agency does not collect payment, then the contributing applicant agency **must be** the agency billed. In this case, the live scan operator must always enter the applicant agency's customer billing number on the transmission. This number is found in the Contributing Agency Section (in the area titled "BIL") of the Request for Live Scan Applicant Submission form. The applicant must provide this form. If the applicant is not fee exempt, does not pay for services and there is no "BIL" number on the Applicant Submission form, the live scan operator **should not** fingerprint the applicant.

Billing Account Application

BCII 9000 (Rev. 10/07)

Business/Agency Type: <input type="checkbox"/> School District	<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit Organization
<input type="checkbox"/> Private School	<input checked="" type="checkbox"/> Local Government	<input type="checkbox"/> Sole Proprietorship/Partnership
<input type="checkbox"/> Federal Government	<input type="checkbox"/> State Government (Fund Code Required: _____)	

ALL APPLICABLE INFORMATION MUST BE COMPLETED LEGIBLY. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Business/Agency Name: County of El Dorado - Health Services Department
Emergency Medical Services Agency

Business/Agency Address: 415 Placerville Drive,
Placerville, CA 95667

City, State, Zip Code: _____

Federal Tax Identification Number*: _____

Social Security Number (Sole Proprietorship or Partnership)*: _____

***EITHER** a Federal Tax Identification Number **OR** Social Security Number must be provided.

Authorized Representative: Neda West, Director Health Services Department

Telephone Number: 530-621-6149 Facsimile Number: _____

Electronic Mail Address: Neda.West@edcgov.us

I, the undersigned, have the authority to conduct business for the business/agency listed above. I confirm that all the information on this application is true and correct. I give my permission to the Department of Justice (DOJ) to research and confirm all information provided and to request a credit report at any time. I understand this is an agreement to pay the processing fees associated to the electronic transmission of State and/or Federal criminal offender record information requests, including fees incurred by duplicate transmissions or other errors on the part of the above business/agency or its representative(s). Failure to remit payment in a timely manner may result in the DOJ utilizing all information provided on this billing account application for collection purposes. I agree to the terms of this agreement and understand it will remain in effect until written cancellation is provided by either party with 30 days notice.

<u>Neda West</u>	
Signature	Printed Name
<u>Director, Health Services Department</u>	
Title	Date

Mail to: Department of Justice
 BCII – OSP
 4949 Broadway, Room G-110
 Sacramento, CA 95820

Fax to: (916) 227-1149

<i>DOJ Use Only</i>		
Input By: _____	Account #: _____	Received Date: _____
Input Date: _____	ORI #: _____	ACN#: _____

SECURITY OF CRIMINAL OFFENDER RECORD INFORMATION

Criminal Offender Record Information (CORI) is information identified through fingerprint submission to the DOJ with a criminal record or "No Record". It is confidential information disseminated to applicant agencies authorized by California statute for the purposes of employment, licensing, certification and volunteer clearances. The following information describes each agency's responsibility toward accessing, storage, handling, dissemination and destruction of CORI.

Background

Penal Code Sections 11105 and 13300 identify who may have access to criminal history information and under what circumstances it may be released.

The California Department of Justice (DOJ) maintains the California Law Enforcement Telecommunications System (CLETS) that provides law enforcement agencies with information directly from federal, state and local computerized information files. However, restrictions have been placed on the user to ensure that the rights of all citizens of California are properly protected.

Article 1, Section 1 of the California Constitution grants California citizens an absolute right to privacy. Individuals or agencies violating these privacy rights place themselves at both criminal and civil liability. Laws governing Californians' right-to-privacy were created to curb, among other things, the excessive collection and retention of personal information by government agencies, the improper use of information properly obtained for a proper purpose, and lack of a reasonable check on the accuracy of existing records. (*White v. Davis* (1975) 13 Cal. 3d 757,775.)

Employment Background Checks

It is only through the submission of fingerprints to the DOJ that the true identity of an individual can be established. In a 1977 lawsuit (*Central Valley v. Younger*), the court ruled that only arrest entries resulting in conviction, and arrest entries that indicate active prosecution, may be provided for evaluation for employment, licensing, or certification purposes.

Exceptions

Some statutory provisions, such as those relating to youth organizations, schools and financial institutions, further limit information dissemination to conviction for specific offenses. Records provided for criminal justice agency employment as defined in Section 13101 of the Penal Code are exempt from these limitations. In addition, arrest information for certain narcotic and sex crimes, irrespective of disposition, will be provided for employment with a human resource agency as defined in Section 1250 of the Health and Safety Code. Other exceptions are listed in the CLETS Policies, Practices and Procedures (Section 1.6.1).

Unauthorized Access and Misuse

The unauthorized access and misuse of CORI may affect an individual's civil rights. Additionally, any person intentionally disclosing information obtained from personal or confidential records maintained by a state agency or from records within a system of records maintained by a governmental agency has violated various California statutes. There are several code sections that provide penalties for misuse or unauthorized use of CORI.

Authorized Access

Criminal Offender Record Information shall be accessible only to the Records Custodian and/or hiring authority charged with determining the suitability for employment or licensing of an applicant. The information received shall be used by the requesting agency solely for the purpose for which it was requested and shall not be reproduced for secondary dissemination to any other employing or licensing agency.

The retention and sharing of information between employing and licensing agencies are strictly prohibited. The retention and sharing of information infringe upon the right of privacy as defined in the California Constitution, and fails to meet the compelling state interest defined in *Loder v. Municipal Court (1976) 17 Cal. 3d 859*. In addition, maintenance of CORI separate from the information maintained by the DOJ precludes subsequent record updates and makes it impossible for DOJ to control dissemination of CORI as outlined in Section 11105 of the Penal Code.

CLETS Policies, Practices and Procedures state that any information transmitted or received via CLETS is confidential and for official use only by authorized personnel (Section 1.6.4). The California Code of Regulations, Article 1, Section 703, addresses the "right and need" to know CLETS-provided information.

The Bureau of Criminal Identification and Information recommends that state summary criminal history records obtained for employment, licensing or certification purposes are to be destroyed, once a decision is made to employ, license or certify the subject of the record. Agencies should retain the State Identification Number (SID) for the purpose of "No Longer Interested" for subsequent arrest notification services pursuant to Penal Code Section 11105.2.

Retention of criminal history records beyond this time should be based on documented legal authority and need. Any records retained must be stored in a secured, confidential file. The agency should designate a specific person responsible for the confidentiality of the record and have procedures to prevent further dissemination of the record, unless such dissemination is specifically provided for by law or regulation.

As an agency receiving background clearance information in response to the submission of applicant fingerprint cards to DOJ you are aware of the regulations regarding the security of the hard copy information that you currently receive. The purpose of this Subscriber Agreement is to restate existing regulations and clarify how they apply to the electronic receipt of this same information via fax or e-mail. There are no new regulations. Items 1, 2, 4, 5, and 7 restate existing regulations relative to receiving hard copy information; item 2 has been expanded to include electronic information. Items 3 and 6 are intended to clarify these regulations relative to electronic information.

APPLICANT FINGERPRINT RESPONSE
SUBSCRIBER AGREEMENT

In accordance with section 11077 of the Penal Code, the Attorney General is responsible for the security of criminal offender record information. Section 707(a) of the California Code of Regulations requires that **"Automated systems handling criminal offender record information and the information derived therefrom shall be secure from unauthorized access, alteration, deletion or release. The computer terminals shall be located in secure premises."**

This agreement is between the (name of agency) County of El Dorado, EMS Agency and the California Department of Justice for the purposes of the exchange of criminal offender record information. The above agrees that:

1. Criminal offender record information and the information derived therefrom shall be accessible only to the records custodian and/or hiring authority charged with determining the suitability of the applicant.
2. Confidential information received electronically or via mail shall be used solely for the purpose for which it was requested and shall not be reproduced for secondary dissemination.
3. Retention of CORI is permissible if, after making its initial employment, licensing, or certification decision, the agency has a legitimate business need for the information and there are no statutory requirements to destroy such information. Any record information that is retained by the applicant agency must be stored in a secure and confidential file.
4. Criminal history background checks have been completed on all individuals with access or proximity to terminals or fax machines receiving criminal offender record information.
5. Staff with access to criminal offender record information have received training and counseling on the handling of criminal offender record information and have signed employment statement forms acknowledging an understanding of the criminal penalties for the misuse of criminal offender record information (Penal Code Sections 502, 11142 and 11143).

6. Reasonable measures shall be taken to locate terminals and fax machines in a secure area to provide protection from unauthorized access to criminal offender record information by other than authorized personnel. Access is defined as the ability to view criminal offender record information on a terminal or on paper.
7. Pursuant to Section 702 of the California Code of Regulations, authorized agencies violating this agreement may lose direct access to criminal offender record information maintained by the Department of Justice.

County of El Dorado - Health Services Department, Emergency
Agency Name Medical Services Agency

415 Placerville Drive, Suite J, Placerville, CA 95667

Agency Address

530-621-6505 - EMS Agency Administrator

Agency Phone Number

Signature of Official

Neda West

Printed Name of Official

Director, Health Services Department

Title of Official

Date

Please return the Request Form, Notification of ORI, Mail Code and/or Billing Number
Assignment and Subscriber Agreement to: **Department of Justice**
Applicant Processing Program-Live Scan Request
P.O. Box 903417
Sacramento, CA 94203-4170

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: <u>1.</u> Type of Application: <u>2.</u>	
Job Title or Type of License, Certification or Permit: <u>3.</u>	
Agency Address Set Contributing Agency:	
<u>4.</u> Agency authorized to receive criminal history information	<u>5.</u> Mail Code (five digit code assigned by DOJ)
Street No. Street or P.O. Box	<u>6.</u> Contact Name (Mandatory for all school submissions)
City State Zip Code	() <u>7.</u> Contact Telephone No.
Name of Applicant: <u>8.</u>	
Last First MI	Driver's License No: _____
Alias: Last First	Misc. No. BIL- <u>9.</u> Agency Billing number (if Applicable)
Date Of Birth: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No: _____
Height: Weight:	Home Address: <u>10.</u> Street or P.O. Box
Eye Color: Hair Color:	City, State and Zip Code
Place of Birth:	
SOC: _____	
Your Number: <u>11.</u> OCA NO. (Agency Identifying No.)	Level of Service: <input type="checkbox"/> DOJ <u>12.</u> <input type="checkbox"/> FBI
If resubmission, list Original ATI No: <u>13.</u>	
Employer: (Additional response for agencies specified by statute)	
<u>14.</u>	
Employer Name	
Street No. Street or P.O. Box	Mail Code (five digit code assigned by DOJ)
City State Zip Code	() Agency Telephone No. (Optional)
Live Scan Transaction Completed By: _____ Date: _____	
Name of Operator	
Transmitting Agency	ATI No. Amount Collected/Billed

BCII 8016 (rev 04/01) ORIGINAL-Live Scan Operator; SECOND COPY-Requesting Agency; THIRD COPY-Applicant

**GUIDELINES FOR COMPLETING
"REQUEST FOR LIVE SCAN SERVICE FORM"**

FIELD	COMMENT
1) ORI (Originating Agency Identifier):	This is a number assigned by DOJ to identify authorized users. Each agency must have an assigned ORI prior to submitting fingerprints.
2) TYPE OF APPLICATION:	Example: Peace Officer, State Employee, Employment, License, Permit, etc. The application type determines the dissemination criteria used in preparing the response, and each authorized agency has specific application type(s) it is permitted to use. Since agencies may have more than one authorized application type, it is important this field be filled out correctly.
3) JOB TITLE OR TYPE OF LICENSE, CERTIFICATION OR PERMIT:	Example: Petition for Adoption, Emergency Child Placement, Foster Family Home, Volunteer, etc. This is a free-form field where the agency can include the specific job title, license, certificate or permit being requested. If the Application Type and Title conflict (e.g., Foster Family License applicant type, and Petition for Adoption application title) the transaction may be rejected.
4) AGENCY ADDRESS SET CONTRIBUTING AGENCY:	Please print or attach a preprinted label containing the name and address of the authorized applicant agency requesting the fingerprint check. Agencies must ensure that the agency name in this field is identical to the name used when the ORI was authorized, otherwise the transaction may be rejected.
5) MAIL CODE:	This is a unique number assigned by the Department of Justice to those agencies that have requested responses by electronic mail. If this code is not entered, the response may be printed out and sent by U.S. Mail instead of electronically. An incorrect code will cause the response to be sent to the wrong agency.
6) CONTACT NAME:	Enter the person's name at the agency who is authorized to receive the response. THIS IS MANDATORY FOR APPLICANTS REQUIRING A CHILD ABUSE INDEX CHECK
7) CONTACT TELEPHONE NUMBER:	Enter the phone number for the Contact Person. THIS IS MANDATORY FOR APPLICANTS REQUIRING A CHILD ABUSE INDEX CHECK
8) NAME OF APPLICANT & PERSONAL DESCRIPTORS:	Enter the requested information.
9) MISC. NO. BIL (Billing Number):	If the agency has been assigned a billing number by the Department of Justice, that number should be recorded here. If the agency does not have a billing number, the applicant should be prepared to pay all fees associated with the transaction directly to the Live Scan operator.
10) HOME ADDRESS:	The applicant's home address is mandatory for applicants requiring a Child Abuse Index check and where statute requires a notification to the applicant as well as the agency.
11) YOUR NUMBER:	Some agencies assign a unique number to each applicant. A field is provided for this number for the agency's convenience to help match the response to the correct applicant (this can be helpful if you have applicants with similar names).
12) LEVEL OF SERVICE:	Please check the appropriate box(es). Please note that your agency must be authorized by statute to receive the information requested. In addition, the APPLICANT TYPE will dictate the level(s) of service permitted. In those situations where the FBI level of service is permitted, you must check the FBI box or you will not receive a response from the FBI.
13) ORIGINAL ATI (Applicant Transaction Identifier) NO.:	FOR RE-SUBMISSIONS ONLY. The ATI is recorded on the last line of the Live Scan Request form by the Live Scan operator when the transaction is completed. If the applicant's fingerprints were previously rejected and are now being resubmitted, the ATI from the ORIGINAL Live Scan Request form must be included or the agency will be charged again for the transaction. If the applicant's fingerprints are rejected a second time and the Original ATI is not included, the California name check will not be automatic.
14) EMPLOYER:	This field is required to be completed if a response is required to be sent to the employer in addition to the submitting agency (i.e., a facility licensed by the Department of Social Services).

Department of Justice
Bureau of Criminal Identification and Information
P.O. Box 903417
Sacramento, CA 94203-4170

The agency listed below is authorized to receive state summary criminal history information from the files of the Department of Justice for employment, licensing or certification purposes. This agency further requests that fingerprint transactions submitted for this purpose be retained in Bureau files for **California** only subsequent arrest notification service pursuant to Section 11105.2 of the California Penal Code. **Fingerprint submissions received before the effective date of this contract will not be retained by the Department of Justice.**

AGENCY NAME: County of El Dorado - Emergency Medical Services Agency
AGENCY ADDRESS: 415 Placerville Drive, Suite J
CITY, STATE, ZIP: Placerville, CA 95667
ORI NUMBER: (if Applicable)
CONTACT PERSON: Richard Todd, EMS Agency Administrator TELEPHONE: 530-621-6505

Please retain the following authorized categories:

ALL EMPLOYEES ALL LICENSES, CERTIFICATES OR PERMITS

OTHER (specify): _____

This agency certifies that to its knowledge, there is no statute or regulation prohibiting this notification, that all requirements for criminal record security and privacy of individuals will be met. This agency will notify the Bureau of Criminal Identification and Information when it no longer has a legitimate interest in a subject, as required by Section 11105.2 of the California Penal Code. The agency agrees to immediately return any subsequent arrest notification received from DOJ for any person unknown to the agency. The agency understands that disposition information will only be provided by the DOJ if such information is available in the DOJ's records at the time the subsequent arrest notification is made to the agency.

APPROVED: (Department of Justice area only)

Signature of Agency Representative
Date

Neda West

Print Name

Director, Health Services Department

Title of Agency Representative

Signature of DOJ Representative
Applicant Processing Program
Bureau of Criminal Identification and Information

Effective Date