



REQUEST FOR DEPARTMENT OF JUSTICE NAME CHECK

(Per Penal Code Section 11105.7)

This form is only to be used to request a name check if the applicant is unable to provide any fingerprint images at all. If the applicant can provide one or more fingerprint images, regardless of quality, he or she must do so.

INSTRUCTIONS: Please type or print clearly all information, then take to a law enforcement agency for verification, along with valid photo identification. Illegible or incomplete information may result in processing delays or denial of your request. Once verified and signed by law enforcement, mail this form, along with appropriate fees, to the address below. If this request is denied, the applicant agency will be notified.

Applicant Information

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State _____ Zip Code _____

Personal Descriptors

Aliases (AKA) _____

Date of Birth (DOB) _____ U.S. Citizen (CTZ) Yes No Driver's License Number _____

Armed Forces Number (MNU) _____ Social Security Number (SOC) _____ Miscellaneous Number (MNU) _____

Sex Male Height (HGT) _____ Eye Color _____ Place of Birth (POB) _____
State or Foreign Country Code

Female Weight (WGT) _____ Hair Color _____

BASIS FOR INABILITY TO PROVIDE FINGERPRINTS (Per Penal Code section 11105.7)

Missing both hands or all ten fingers.

Other (Please explain and be very specific. Lack of specificity may result in denial of request.)

Agency Information

Applicant Agency Name _____ Level of Service DOJ FBI

Street Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Agency ORI _____ Billing Number (BIL) _____

Code Assigned by DOJ

Your OCA Number _____ Mail Code _____

Original Contributing Agency Number (OCA)

Five-digit E-Mail Response Code

Reason for Background Check _____

Applicant Type and Job Title

Law Enforcement Verification (Must be completed by a Law Enforcement Agency)

I certify that the above-named applicant has appeared before me; he/she has presented valid photo identification; and I have visually confirmed his/her inability to provide fingerprint impressions for the reason indicated above.

Law Enforcement Official Signature _____ Date _____

Print Name/Title _____ Badge Number _____

Name of Law Enforcement Agency

Street Address _____ City _____ State _____ Zip Code _____

Mail this completed form to:
California Department of Justice
Bureau of Criminal Information and Analysis
Applicant Program
P.O. Box 903417
Sacramento, CA 94203-4170



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Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The Bureau of Criminal Information and Analysis's Applicant Program in the Department of Justice collects the information requested on this form as authorized by Penal Code section 11105.7. The Applicant Program uses this information to provide a criminal offender record information background check to applicant agencies if the applicant is unable to provide any fingerprint images at all. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. Providing the following items of personal information is voluntary: Aliases (AKA), Armed Forces Number (MNU), and Miscellaneous (MNU).

Access to Your Information. You may review the records maintained by the Applicant Program in the Department of Justice 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 conduct criminal offender record information background checks to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, we may need to share the information you give us with applicant agencies and law enforcement agencies.

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

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law;
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the Applicant Program by e-mail at AppProgram@doj.ca.gov, by phone at (916) 227-2091, or via mail at:

California Department of Justice
Bureau of Criminal Information and Analysis
Applicant Program
P.O. Box 903417
Sacramento, CA 94203-4170