



COVID-19 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 find an open Live Scan site to capture his/her fingerprints while the Governor's Executive Order N-52-20 or similar city or county directive is in effect.** If Live Scan services are available, the applicant must submit fingerprints as is prescribed in statute or regulation.

INSTRUCTIONS: Please type or print clearly all information and sign the verification statement. Illegible or incomplete information may result in processing delays or denial of your request. Once signed by the requesting authorized applicant agency and applicant, mail this form 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) _____	SSN _____	Driver's License Number _____	
Miscellaneous Number (MNU) _____	Miscellaneous Number Type _____		
Sex <input type="checkbox"/> Male	Height (HGT) _____	Eye Color _____	Place of Birth (POB) _____
<input type="checkbox"/> Female	Weight (WGT) _____	Hair Color _____	State or Foreign Country Code _____

Authorized Applicant Agency Information			
Applicant Agency Name _____	Level of Service <input type="checkbox"/> DOJ <input type="checkbox"/> CACI		
Street Address _____	City _____	State _____	Zip Code _____
Phone Number _____	Agency ORI _____	Billing Number (BIL) _____	
Your OCA Number _____	Code Assigned by DOJ _____	Mail Code _____	
Original Contributing Agency Number (OCA) _____		Five-digit E-Mail Response Code _____	
Reason for Background Check _____	Applicant Type and Job Title _____		

Verification	
<p>I certify that the above-named applicant has appeared before me, that he/she has completed the form, and that he/she has presented me a valid photo identification, which I have verified, and that Live Scan services are presently unavailable to this applicant. I understand that a name-based check of the California criminal history records and/or Child Abuse Central Index (CACI) will be performed and that I am required to have my applicant submit his/her fingerprints for a fingerprint-based background check, as prescribed in statute or regulation, as soon as Live Scan services are available.</p>	
_____	_____
Authorized Agency Signature	Date
<p>I certify that I am unable to locate Live Scan/fingerprinting services and am therefore unable to provide fingerprint impressions for this reason. I understand that I am required to submit my fingerprints for a fingerprint-based check of State and federal criminal history records, as prescribed in statute or regulation, as soon as Live Scan services are available.</p>	
_____	_____
Applicant Signature	Date

Mail this completed form to:
 California Department of Justice
 Bureau of Criminal Information and Analysis
 Applicant Services 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:

- 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 Appagencyquestions@doj.ca.gov or via mail at:

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