



## APPLICATION FOR CERTIFICATION of Non-Exempted Individuals to Take Fingerprint Impressions (Penal Code section 11102.1)

**Please Type or Print Your Responses**

Last Name		First Name		Middle Name	
Address			City	State	Zip Code
Phone Number	Date of Birth	SSN (Mandatory)		Driver's License or CA ID Number	

Please answer fully the following questions:

1. Are you a legal resident of California?     Yes     No
2. Have you ever used a name other than the one on this application?     Yes     No    If yes, please list other names below.
3. Have you ever been arrested in California or any other state?     Yes     No    If yes, give details below.
4. Are you currently awaiting adjudication for any offense for which you were arrested in California or any other state?     Yes     No    If yes, give details below.
5. Have you ever been convicted by any court of a felony or misdemeanor offense in California or any other state?     Yes     No  
If yes, disclose the date and place of arrest, whether the conviction was for a felony or misdemeanor, and the sentence imposed.
6. Have you ever been denied a professional license or had such license revoked, suspended, or restricted?     Yes     No    If yes, give details below.
7. Have you ever been adjudged liable for damages in any suit grounded in fraud, misrepresentation, or in violation of state regulatory laws?     Yes     No  
If yes, give details below.
8. Have you ever failed to satisfy any court ordered money judgment including restitution?     Yes     No    If yes, give details below.

**Misrepresentation or Failure to Disclose Requested Information on this Application  
Is Cause for Denial or Revocation of Certification.**

**Certification**

I certify that I have read the pre-certification materials provided by the Department of Justice. I certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers, and representations made in the foregoing application, including all supplementary statements.  
This application requires an *original signature*. Electronic signatures or copies of original signatures will not be accepted.

Signature of Applicant (*Original Signature Required*) \_\_\_\_\_ Date \_\_\_\_\_

California Department of Justice Records & Biometric Identification Branch Fingerprint Rolling Certification P.O. Box 903387 Sacramento, CA 94203-3870	<b>DOJ USE ONLY</b> Cert #: _____ Fee: _____ Received: _____ OCA #: _____ Completed: _____
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### 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 collects the information requested on this form as authorized by Penal Code section 11102.1(d)(3). The CJIS Division uses this information for the purpose of providing fingerprint-based Criminal Offender Record Information background checks on individuals who roll applicant fingerprint impressions manually or electronically for non-law enforcement purposes (licensure, employment, or certification). 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: <https://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide the requested information will result in denial of the application.

**Access to Your Information.** You may review the records maintained by the CJIS Division 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 provide fingerprint-based Criminal Offender Record Information background checks on individuals who roll applicant fingerprint impressions manually or electronically for non-law enforcement purposes (licensure, employment, or certification), we may need to share the information you give us with other law enforcement, regulatory agencies, or businesses where the transfer is necessary to perform its statutory duties.

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

- o 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;
- o 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 Fingerprint Rolling Certification Program manager by e-mail at [FPCERT@doj.ca.gov](mailto:FPCERT@doj.ca.gov), or via mail at:

California Department of Justice  
Records & Biometric Identification Branch  
Fingerprint Rolling Certification  
P.O. Box 903387  
Sacramento, CA 94203-3870