STATE OF CALIFORNIA
BCIIS 8050
(Orig. 04/2001; Rev 03/2013)

DEPARTMENT OF JUSTICE

IDENTITY THEFT: APPLICATION FOR REGISTRATION AS VICTIM

Complete form carefully and completely. Type or print neatly. All Information is **mandatory** unless otherwise noted. If you have questions, please call toll free 1(888) 880-0240.

1. FULL NAME AND MAILING ADDRESS	2. RETURN TO: California Department of Justice P.O. BOX 903417 Sacramento, CA 94203-4170 **ATTN: Identity Theft Registry (G-210)**

3. FINGERPRINTING
☐ LiveScan - Date Printed _____ ☐ 10-Print Card Enclosed

4. MAIDEN NAME/ALIASES

5. SEX ☐ Male ☐ Female	6. BIRTH DATE	7. HEIGHT	8. WEIGHT	9. EYES	10. HAIR

11. BIRTHPLACE	12. SOCIAL SECURITY NUMBER *(OPTIONAL)*	13. DRIVER LICENSE NUMBER

14. ORDER PURSUANT TO SEC. 530.5(c) P.C.
☐ Yes ☐ No Court Name/Location _____ Date: _____

15. ORDER PURSUANT TO SEC. 530.6(b) P.C.
☐ Yes ☐ No Court Name/Location _____ Date: _____

16. ORDER OF FACTUAL INNOCENCE - CASE NO.
☐ Yes ☐ No Court Name/Location _____ Date: _____

I certify that the information given here is true and accurate and provided to facilitate my entry in the Identity Theft Victim Registry maintained by the California Department of Justice as outlined in the California Penal Code section 530.7.

17. Signature: _____ 18. Date _____

19. Home Phone: _____ 20. Work Phone: _____ 21. Password: _____

22. Question/Answer Known Only to You: _____

23. Designated Release Authorizations

Authorization #1		**Authorization #2**	
Name of Company or Individual		Name of Company or Individual	
Street Address or PO Box		Street Address or PO Box	
City, State, ZIP Code		City, State, ZIP Code	
Contact Person	Phone	Contact Person	Phone

Authorization #3		**Authorization #4**	
Name of Company or Individual		Name of Company or Individual	
Street Address or PO Box		Street Address or PO Box	
City, State, ZIP Code		City, State, ZIP Code	
Contact Person	Phone	Contact Person	Phone

DOJ Use Only Entry Date/Initials: Verification Date/Initials: