

# CALIFORNIA DEPARTMENT OF JUSTICE

Application for Authorization Pursuant to  
Welfare and Institutions Code 15660  
**(In-Home Supportive Services Care Providers)**



## BUREAU OF CRIMINAL INFORMATION AND ANALYSIS

Mail Completed application  
to:

Department of Justice  
Applicant Information and Certification Program  
P.O. Box 903387  
Sacramento, CA 94203-3870

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## Authorization for Criminal History Information

Pursuant to Welfare and Institutions Code Section 15660, an employer may request criminal record information from the Department of Justice (DOJ) of a non-licensed employee who provides non-medical domestic or personal care to an aged or disabled adult (including the mentally impaired) in the adult's own home.

Information released by the DOJ is restricted to arrests resulting in conviction or arrests which are pending adjudication for the crimes as specified in Welfare and Institution Code Section 15660.

"Employer" is defined as any in-home supportive services recipient, as defined by Section 12302.2, an aged or disabled adult who is ineligible for benefits under Chapter 3 (commencing with Section 12000), who receives care by a person as described with paragraph (2), any recipient of personal care services under the Medi-Cal program pursuant to Sections 14132.95–14132.97, inclusive, and any public authority or nonprofit consortium, as described in subdivision (a) of Section 12301.6.

Throughout this package, there is a reference to licensing. The DOJ is not a licensing agency and background checks pursuant to Welfare and Institutions Code Section 15660 do not meet licensing background requirements.

In order for us to determine whether your organization meets the requirements to obtain state criminal history information pursuant to Welfare and Institutions Code Section 15660, please complete and return the attached application package. Incomplete forms will be returned unprocessed. Please do not submit your fingerprint(s) until approval has been granted.

## Authorization for Custodian of Records Information

### **IMPORTANT - PLEASE READ CAREFULLY**

Pursuant to Penal Code (PC) section 11102.2(b), the DOJ established a confirmation program to process fingerprint-based background responses on individuals designated by applicant agencies to serve as Custodian of Records. Effective January 1, 2011, no person shall serve as an agency COR unless they have been confirmed by the DOJ. Criminal justice agency personnel who have undergone a state and federal criminal record background check for their agency (currently employed) are exempt from these requirements.

As such, before any applicant agency can become fully authorized by the DOJ, the DOJ must first confirm/approve the agency's designated COR.

A COR means the individual is designated by an agency as responsible for the hiring decisions, and for the security, storage, dissemination, and destruction of the criminal records furnished to the agency, and who serves as the primary contact for the DOJ for any related issues. Each agency must designate at least one COR.

Applicants applying for Custodian of Records confirmation must meet the following criteria:

1. Be at least 18 year old;
2. Complete and submit the Custodian of Records Application Form (BCIA 8374).

The confirmation process will consist of a completed BCIA 8374 form, which is included in this packet and must be returned along with all required documents. Additionally, the COR must submit fingerprint images to the DOJ via live scan and pay the \$49 state/federal background check fees along with a \$30.00 confirmation fee (a total of \$79 in fees will be collected at the live scan site).

Included in this packet is a pre-filled Custodian of Records Request for Live Scan Service (BCIA 8016) form ready to be utilized to fulfill this requirement once your agency is authorized. **PLEASE NOTE:** You must enter all of your Agency's information in the "Employer (Additional response for agencies specified by statute)" field, with the exception of the Mail Code on the BCIA 8016 form, in order for the DOJ to process your submission.

Confirmation will be denied or revoked on those applicants convicted of a felony offense, or any other offense that involves moral turpitude, dishonesty, fraud or that impacts the applicant's ability to perform the duties or responsibilities of a COR. The DOJ will retain the fingerprints for subsequent arrest notification pursuant to PC section 11105.2. COR confirmation, denial, or revocation letters will be mailed by the DOJ to the designated applicant agency, as identified on the application by the COR applicant.

**PLEASE NOTE: DO NOT SUBMIT CUSTODIAN OF RECORDS FINGERPRINT IMAGES UNTIL YOU HAVE RECEIVED CONFIRMATION FROM THE DOJ THAT YOUR AGENCY IS AUTHORIZED.**

After submitting this application, the DOJ's Applicant Information and Certification Program at [authorizationquestions@doj.ca.gov](mailto:authorizationquestions@doj.ca.gov) will determine if your agency is authorized and ready for the next step. Beginning the confirmation process by submitting your COR fingerprint images before your agency is officially authorized to request criminal record information will result in fees being assessed, which will not be refunded if your agency is determined as not having requesting authority.

## 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 digitalized 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 (DOJ). 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 DOJ. 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 (BCIA 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 BCIA 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 DOJ.

Once the fingerprints and data are received by the DOJ, they are electronically processed by the DOJ Global Transaction Controller (GTC). 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 DOJ 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.

We sincerely hope that this information will be useful and will answer your questions about the electronic processing of fingerprints in California.

**DEPARTMENT OF JUSTICE**  
**REQUEST FOR AUTHORIZATION TO RECEIVE STATE SUMMARY CRIMINAL HISTORY**  
**INFORMATION PURSUANT TO WELFARE & INSTITUTIONS CODE SECTION 15660**  
**IN-HOME SUPPORTIVE SERVICES CARE PROVIDERS**

Contributing Employer/Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Physical Address (If different): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax #: \_\_\_\_\_

In accordance with the California Welfare and Institutions Code 15660, an **employer** may require a criminal background check of a non-licensed employee who provides, non-medical domestic or personal care to an aged or disabled adult (including the mentally impaired) in the adult's own home. Caregivers for children in the children's home should utilize the Trustline process and become registered with Trustline.

Please give a description of the services you provide, use attachment if necessary.

On behalf of the company named above, hereafter referred to as "agency," I hereby acknowledge and agree to the following:

1. The information provided by the Department of Justice (DOJ) to this agency is confidential and shall not be disclosed or disseminated to any other person or agency with the exception of the subject of the record.
2. Your agency shall notify the DOJ of any change in agency name, address, telephone number or contact person.
3. Your agency shall sign the enclosed letter, certifying to the Department of Justice that you employ non-licensed persons, who provide non-medical domestic or personal care services for aged or disabled adults, in the adult's own home.  
**Also, enclose a copy of applicable business license.**
4. Fingerprints may only be submitted for employees that provide direct care for aged or disabled adults in the adult's own home.
5. Your agency shall establish a custodian of records. Pursuant to the California Code of Regulations, section 703(d), background checks shall be conducted on all personnel who have access to the criminal offender record information. These background checks must precede those that will be submitted for employment purposes.
6. Your agency shall pay the appropriate fingerprint processing fee for each background check submitted to the DOJ.
7. Fingerprints will be retained by the DOJ pursuant to Penal Code Section 11105.2 until notified that the individual is no longer employed.
8. The DOJ shall provide a subsequent arrest notification pursuant to Penal Code Section 11105.2. Complete the Contract for Subsequent Arrest Notification Service form.
9. This application requires original signatures only. Photocopies, or fax copies, will not be accepted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_



## REQUEST FOR CONTRIBUTING AGENCY ORI AND/OR RESPONSE MAIL CODE

In order to submit applicant fingerprints via Live Scan, you must have an Originating Agency Identifier (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 form BCII 9005, Subscriber Agreement, on file with the Department of Justice or returned with this request.**

Request for ORI

Request for Electronic Response Mail Code

Contributing Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Your projection for monthly applicant submissions: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Employment \_\_\_\_\_  
Title or Position (i.e., Classified Employee)

License, Certification, Permit \_\_\_\_\_  
Type of License, Certification, Permit

\_\_\_\_\_  
Identify Licensing Agency as it would appear on fingerprint card (i.e., Department of Social Service)

Volunteers

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

We request separate secure mailbox(es) for the following application type(s);

Employment

License, Certification, Permit

Volunteers

ORI's and mail code number(s) will be assigned by the Department of Justice and the information returned to you on form BCII 9003, Notification of ORI, Mail Code, and/or Billing Number.



**GUIDELINES FOR COMPLETING FORM BCII 9001,  
"REQUEST FOR CONTRIBUTING AGENCY ORI AND/OR RESPONSE MAIL CODE"**

| FIELD                                                                           | 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 by the DOJ. |
| 2) Contributing agency name, mailing address, and projected monthly submissions | Enter the agency/organization's information.                                                                                                                                                                                                                                                                                                           |
| 3) Contact person                                                               | Enter the name of the person within your agency that 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 licenses, etc. you issue. .                                                                                                                                                                                                                          |
| 7) Identify licensing agency                                                    | If you checked the license, certification, and 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 <b>ALL SUBMISSIONS</b> 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).                                                                                                                                                |





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

CONTRIBUTING Agency - please provide a complete address in the space below. This form will be returned to you with your ORI, Mail Code, and/or Billing Number information.

Contributing Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Listed below are the ORI, Mail Code, and/or Billing Number assigned to your agency for applicant responses.

ORI \_\_\_\_\_

Mail Code \_\_\_\_\_

Billing Number \_\_\_\_\_

If separate response locations were requested, assigned codes are as follows:

| Type                                | ORI | Mail Code |
|-------------------------------------|-----|-----------|
| Employment                          |     |           |
| Licensing, Certification, or Permit |     |           |
| Volunteer                           |     |           |

The following are the ONLY applicant types with CJIS codes your agency is authorized to submit to the DOJ for background check purposes. The CJIS Code is for internal use only and is not utilized on the BCIA 8016 form.

|    | Applicant Type | CJIS Code |
|----|----------------|-----------|
| 1  |                |           |
| 2  |                |           |
| 3  |                |           |
| 4  |                |           |
| 5  |                |           |
| 6  |                |           |
| 7  |                |           |
| 8  |                |           |
| 9  |                |           |
| 10 |                |           |

Should your address or agency information change in the future, you must notify the DOJ immediately. Please visit the DOJ's website to obtain form BCIA 8386, Applicant Submitting Agency Request to Change.

## APPLICANT LIVE SCAN BILLING PROCEDURES

**\*\*\* Applicant Agencies are not required to complete the Billing Account Application (CJIS 9000) if its applicants will be paying the DOJ fees at the Live Scan Site \*\*\***

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

- \* All applicant agencies who wish to be billed for submitting fingerprints via Live Scan must complete form CJIS 9000, Billing Account Application.
- \* Non-state Live Scan agencies (e.g., public schools) must complete a Memorandum of Understanding.
- \* State agencies (e.g., Social Services) with Live Scan devices must complete a new Interagency Agreement even if they currently have one.

The approved agencies will be assigned a DOJ billing number to be used for background check fees. The DOJ billing number cannot be used for the rolling fees. The following actions must occur in order for the 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 the 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:
  - > **Applicant Agency** - The requesting agency is responsible for the information entered on the 8016 form provided to the applicant. If the billing number is entered on the Contributing Agency Section (in the area title "BIL") of the 8016 form, the Live Scan operator will enter the billing number and the requesting agency will be billed. If the requesting agency does not want to be billed for the applicant, "APPLICANT MUST PAY" is entered on the 8016 form in place of the billing number.
  - > **Live Scan Agency** - If the live scan agency collects cash, credit, or a check on behalf of the DOJ for payment of the background check fees, the Live Scan operator will enter the Live Scan Site billing number. The Live Scan Site will be billed by the DOJ for the background fees collected.
  - > 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.
  - > If the applicant is not fee exempt, does not pay for services, and there is no billing number on the Request for Live Scan Service form, the Live Scan operator should not fingerprint the applicant.
- \* The DOJ Accounting Office will generate invoices based on the Live Scan transmission information thirty days in arrears. Based on the monthly billing cycle, each agency will be billed for transmissions occurring between the first day and the last day of the prior month. The agency will generally receive invoices within the first fifteen working days of the month.

## APPLICANT LIVE SCAN BILLING PROCEDURES (continued)

- \* The CJIS Executive Office, Billing Unit (BU) will bill for fingerprint transmissions on a monthly basis. To begin receiving monthly fingerprint billings along with a billing detail, your agency must have both an Agency ORI number and a customer billing number. If you do not have an ORI number, complete this packet and mail the packet including CJIS 9000 - Billing Account Application to DOJ. If you already have an ORI number, call (916) 227-3870 (Option #4) and in approximately 1-2 weeks you will receive the assigned customer billing number. The monthly billing detail report will consist of the applicant's name, fingerprint date, and total fingerprint fees billed.
- \* Payment to DOJ is due upon receipt of the invoice. If there are discrepancies, please complete Form BCII 9006 - Credit Request - Applicant Live Scan Fingerprint Billing and fax to BU at (916) 227-1149, listing the applicant(s) in dispute. The Credit Request form is available on the internet at <http://ag.ca.gov/fingerprints/forms/BCII%209006.pdf>. Please pay promptly for those charges with which you agree, and short pay the invoice by the amount of charges in dispute. The BU will notify the agency if it denies the Credit Request. NOTE: If an agency does not submit a Credit Request, the agency will be held liable for the outstanding charges. Failure to remit payment in a timely manner may result in the agency being sent to collections and having its customer billing number disabled. The DOJ will not accept Credit Requests received three or more years after final payment of an invoice. Credit and rebill information will appear at the bottom of the monthly billing detail report the month following a credit request.
- \* The applicant agency will be responsible for payment if the fields on Form BCIA 8016 - Request for Live Scan Service are not completed correctly. Therefore, it is extremely important that the agency follow the Form BCIA 8016 Instructions available on the internet at <https://oag.ca.gov/fingerprints/forms>.
- \* The Live Scan agency will be responsible for payment if the operator fails to input a customer billing number or inputs an incorrect billing number and/or applicant agency information, and the DOJ cannot determine which agency should be billed for the transmission.

Please call the BU at (916) 227-3870 for any of the following:

1. Establish a customer billing number (only if the ORI and electronic response codes have already been established).
2. Update billing contact information.
3. To resolve Live Scan Billing discrepancies.



### BILLING ACCOUNT APPLICATION

Business/Agency Type:

- |                                                          |                                                                         |                                                                 |
|----------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> School District                 | <input type="checkbox"/> Private School                                 | <input type="checkbox"/> Corporation                            |
| <input type="checkbox"/> Sole Proprietorship/Partnership | <input type="checkbox"/> Non-Profit Organization                        | <input type="checkbox"/> Local Government                       |
| <input type="checkbox"/> Federal Government              | <input type="checkbox"/> State Government<br>(Fund Code Required) _____ | <input type="checkbox"/> Federally-Recognized Tribe or Designee |

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

Business/Agency Name: \_\_\_\_\_

Business/Agency Address: \_\_\_\_\_

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: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

Electronic Mail Address: \_\_\_\_\_

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 with 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; in addition, the DOJ may disable your customer billing number. 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**DOJ Use Only**

Input By: \_\_\_\_\_ Account #: \_\_\_\_\_ Received Date: \_\_\_\_\_

Input Date: \_\_\_\_\_ ORI #: \_\_\_\_\_ ACN #: \_\_\_\_\_



## BILLING ACCOUNT APPLICATION

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### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services Division's Operations Support Program (OSP) in the California Department of Justice collects the information requested on this form as authorized by Penal Code section 11105. OSP uses this information to create a Billing Account for the collection of fees for services rendered. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The California Department of Justice's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. This form may not be processed for failure to provide all personal information requested.

**Access to Your Information.** You may review the records maintained by OSP in the California 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 collect fees for services rendered, we may need to share the information you give us with collection agencies should your account become delinquent.

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 OSP by phone at (916) 227-3870, by e-mail at [DOJ.AppBill@doj.ca.gov](mailto:DOJ.AppBill@doj.ca.gov), or via mail at:

California Department of Justice  
Operations Support Program, D-214  
4949 Broadway  
Sacramento, CA 95820  
Attn: Electronic Billing Section



## APPLICANT FINGERPRINT RESPONSE SUBSCRIBER AGREEMENT

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### SECURITY OF CRIMINAL OFFENDER RECORD INFORMATION

Criminal Offender Record Information (CORI) is information identified through fingerprint submission to the Department of Justice (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 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).



## APPLICANT FINGERPRINT RESPONSE SUBSCRIBER AGREEMENT

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### SECURITY OF CRIMINAL OFFENDER RECORD INFORMATION (continued)

#### 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

CORI 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 employment or licensing agency.

The retention and sharing of information between employing and licensing agencies are strictly prohibited. Retention and sharing of information infringes 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 the 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 Information and Analysis (BCIA) recommends that state summary criminal history records, obtained for employment, licensing, or certification purposes, be destroyed once a decision is made to employ, license, or certify the subject of the record. Agencies that either are mandated or permitted by California statute to receive subsequent arrest notifications pursuant to Penal Code (PC) section 11105.2 must complete a Contract for Subsequent Arrest Notification Service (BCIA 8049).

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.



## APPLICANT FINGERPRINT RESPONSE SUBSCRIBER AGREEMENT

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As an agency receiving background clearance information in response to the submission of applicant fingerprint cards to the 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.

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."**

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### SUBSCRIBER AGREEMENT

This agreement is between the \_\_\_\_\_  
and the 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 to any other employment or licensing agency.
3. Retention of CORI is permissible if, after making its initial employment, licensing, or certification decision, the agency has 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 and understanding of the criminal penalties for the misuse of criminal offender record information (Penal Code sections 502, 11142, and 11143).





## APPLICANT FINGERPRINT RESPONSE SUBSCRIBER AGREEMENT

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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.

Contributing Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of Agency Official \_\_\_\_\_

Printed Name of Agency Official \_\_\_\_\_

Title of Agency Official \_\_\_\_\_

Date \_\_\_\_\_

**CALIFORNIA JUSTICE INFORMATION SERVICES DIVISION  
CRIMINAL OFFENDER RECORD INFORMATION POLICY  
Use of Applicant Criminal Offender Record Information**

**Head of contributing agency/organization must sign and return document**

This policy has been developed to meet the requirements of the State of California, Department of Justice, Division of California Justice Information Services, for any agency that receives Criminal Offender Record Information (CORI).

To ensure the suitability of individuals accessing confidential criminal history records, anyone with access to CORI shall be fingerprinted and processed through the California Department of Justice.

The overall responsibility for the administration of this rests with the agency head or person in charge.

- A. Record Security: Any questions regarding the release, security and privacy of Criminal Offender Record Information (CORI) are to be resolved by the agency head or person in charge.
- B. Record Destruction: It is recommended that the state summary of CORI obtained for employment, licensing or certification purposes be destroyed once a decision is made to employ, license or certify the subject of the record. Retention beyond this time, should be based on legitimate business need or statute.
- C. Record Dissemination: CORI shall be used only for the purpose for which it was requested.
- D. Record Storage: CORI shall be securely maintained and accessible only to the agency head and any others designated by the agency head committed to protect CORI from unauthorized access, use, or disclosure.
- E. Record Reproduction: CORI shall not be reproduced for secondary dissemination to any other employment or licensing agency. However, the requesting agency may provide a copy of the DOJ applicant response to the subject of the record.
- F. Training: **The agency head shall:**
  - 1. Understand and enforce this policy.
  - 2. Be fingerprinted and have a criminal history clearance.
  - 3. Have on file a signed copy of the attached *Employee Statement Form* (which is itself a part of this policy) which acknowledges an understanding of laws prohibiting misuse of CORI.
- G. Penalties: Misuse of CORI is a criminal offense. Misuse of CORI may result in criminal or civil prosecution and/or administrative action up to and including loss of access to information maintained by the Department of Justice.

**I HAVE READ THE ABOVE AND UNDERSTAND THE POLICY REQUIREMENTS.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contributing Agency/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

**CALIFORNIA DEPARTMENT OF JUSTICE  
CALIFORNIA JUSTICE INFORMATION SERVICES DIVISION  
CRIMINAL OFFENDER RECORD INFORMATION SECURITY REQUIREMENTS  
Use of Applicant Criminal Offender Record Information**

**Custodian of Records must sign and return document**

**CUSTODIAN OF RECORDS DUTIES**

1. The information provided by the Department of Justice (DOJ) to this agency is **confidential** and shall not be disseminated to any other person or agency not authorized by law. A violation of this section is a misdemeanor (Penal Code section 11142). However, the requesting agency may provide a copy of the DOJ applicant response to the subject of the record.
2. All personnel/individuals with access to Criminal Offender Record Information (CORI) will have a fingerprint background clearance record check completed through the DOJ as required by the California Code of Regulations section 703(d) prior to the submission of fingerprints for employment, licensing, certification, or volunteer purposes.
3. All personnel/individuals with access to CORI will have a signed "Employee Statement Form" on file acknowledging an understanding of laws prohibiting its misuse.
4. All personnel/individuals with access to CORI will be trained in the secure handling, storage, dissemination, and destruction of CORI.
5. My agency/organization will have a written policy for securing access, storage, dissemination, and destruction of criminal record information. This policy will include the steps to be taken to prevent unauthorized access to CORI maintained in our agency files.
6. The DOJ may conduct audits of the authorized persons or agencies using CORI to ensure compliance with state laws and regulations (California Code of Regulations section 702(c)).
7. The information provided by the DOJ will be maintained in a secured area/locked cabinet separate from the employees personnel file and be used only for the purpose for which it was acquired.
8. Our agency/organization will notify the DOJ with regard to any change of agency name, address, telephone number, fax number, Custodian of Records, and contact person.
9. The "NLI Notification Form" will be sent to the DOJ when applicable.
10. Our agency/organization will send an updated "Live Scan Subscriber Agreement Form" to the DOJ signed by our new agency official when applicable.

**On behalf of our agency/organization, I hereby acknowledge that I have read and agree to the above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contributing Agency/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



## CUSTODIAN OF RECORDS APPLICATION FOR CONFIRMATION (Penal Code section 11102.2)

| Applicant Information |                |                                |           |  |
|-----------------------|----------------|--------------------------------|-----------|--|
| Last Name:            | First Name:    | Middle Name:                   |           |  |
| Address:              | City:          | State:                         | Zip Code: |  |
| Phone Number:         | Date of Birth: | Driver's License/CA ID Number: | Email:    |  |

| Agency/Organization Information |       |        |               |
|---------------------------------|-------|--------|---------------|
| Agency Head:                    |       |        | Phone Number: |
| Agency Name:                    |       | ORI:   | Mail Code:    |
| Address:                        | City: | State: | Zip Code:     |

| Please answer fully the following questions:                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Does the designated Custodian of Records work for the applicant agency? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, what is the relationship?<br>If no, what is the relationship?                                                                                                   |
| 2. Have you ever used a name other than the one on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list other names below:                                                                                                                                           |
| 3. Have you ever been arrested in California or any other state and/or are you awaiting adjudication for any offense for which you were arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, give details below:                                                                      |
| 4. Have you ever been convicted by any court of a felony or misdemeanor offense in California or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, disclose the date and place of arrest, whether the conviction was for a felony or misdemeanor, and the sentence imposed: |
| 5. Have you ever been denied a professional license or had such license revoked, suspended, or restricted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details below:                                                                                                                |
| 6. Have you ever been adjudged liable for damages in any suit grounded in fraud, misrepresentation, or in violation of state regulatory laws? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details below:                                                                             |
| 7. Have you ever failed to satisfy any court ordered money judgment including restitution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details below:                                                                                                                                |

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

| Certification                                                                                                                                                                                                                     |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 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. |               |
| _____<br>Signature of Applicant                                                                                                                                                                                                   | _____<br>Date |

|                                                                                                                                                              |                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| California Department of Justice<br>Bureau of Criminal Information and Analysis<br>Custodian of Records Unit<br>P.O. Box 903417<br>Sacramento, CA 94203-4170 | <div style="text-align: center; font-weight: bold; margin-bottom: 10px;">DOJ USE ONLY</div> Confirmation of Custodian of Records<br><br>Date confirmed: _____ Completed by: _____<br><div style="text-align: right; font-size: small;">(initials)</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



## CUSTODIAN OF RECORDS APPLICATION FOR CONFIRMATION (Penal Code section 11102.2)

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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 11102.2(d). The CJIS Division uses this information for the purpose of processing fingerprint-based criminal offender record information background responses on individuals designated by applicant agencies to serve as Custodian of Records. 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.** All the personal information requested in the form must be provided.

**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 process fingerprint-based criminal offender record information background responses on individuals designated by applicant agencies to serve as Custodian of Records, we may need to share the information you give us with other law enforcement or regulatory agencies.

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

- 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;
- 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 Custodian of Records Program Analyst by phone at (916) 210-5468, by e-mail at [COR@doj.ca.gov](mailto:COR@doj.ca.gov), or via mail at:

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



## REQUEST FOR LIVE SCAN SERVICE (Custodian of Records)

### Applicant Submission

CA0349400

CUSTDN RECORDS 11102.2 PC

ORI (Code assigned by DOJ)

Authorized Applicant Type

CUSTODIAN OF RECORDS

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

DEPARTMENT OF JUSTICE

15798

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

P.O. Box 903417

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

SACRAMENTO

CA 94203-4170

City

State ZIP Code

Contact Telephone Number

### Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name

(AKA or Alias) Last

First Suffix

Date of Birth

Sex  Male  Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.

Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City State ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

**CALIFORNIA DEPARTMENT OF JUSTICE  
CALIFORNIA JUSTICE INFORMATION SERVICES DIVISION  
EMPLOYEE STATEMENT**

**Use of Applicant Criminal Offender Record Information**

**All personnel with access must sign this form which is kept by the Custodian of Records**

As an employee/volunteer of:

Contributing Agency/Organization Name: \_\_\_\_\_

You may have access to confidential criminal record information which is controlled by state and federal statutes. Misuse of such information may adversely affect the individual's civil rights and violate constitutional rights of privacy. Penal Code section 502, prescribes the penalties relating to computer crimes. Penal Code Sections 11105 and 13300, identify who has access to criminal history information and under what circumstances it may be disseminated. Penal Code Sections 11140-11144 and 13301-13305, prescribe penalties for misuse of criminal history information. Government Code Section 6200, prescribe felony penalties for misuse of public records. Penal Code Sections 11142 and 13300 state:

"Any person authorized by law to receive a record or information obtained from a record who knowingly furnishes the record or information to a person not authorized by law to receive a record or information is guilty of a misdemeanor."

Civil Code Section 1798.53, Invasion of Privacy, states:

"Any person who intentionally discloses information, not otherwise public, which they know or should reasonably know was obtained from personal or confidential information maintained by a state agency or from records within a system of records maintained by a federal government agency, shall be subject to a civil action, for invasion of privacy, by the individual."

**CIVIL, CRIMINAL, AND ADMINISTRATIVE PENALTIES:**

- \* Penal Code Section 11141: DOJ furnishing to unauthorized person (misdemeanor)
- \* Penal Code Section 11142: Authorized person furnishing to other (misdemeanor)
- \* Penal Code Section 11143: Unauthorized person in possession (misdemeanor)
- \* California Constitution, Article I, Section (Right to Privacy)
- \* 1798.53 Civil Code, Invasion of Privacy
- \* Title 18, USC, Sections 641, 1030, 1951, and 1952

Any employee who is responsible for such misuse may be subject to immediate dismissal. Violations of this law may result in criminal and/or civil action.

**I HAVE READ THE ABOVE AND UNDERSTAND THE POLICY REGARDING MISUES OF  
CRIMINAL RECORD INFORMATION**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contributing Agency/Organization Name: \_\_\_\_\_

PLEASE NOTE: Do not return this form to the DOJ. Your Custodian of Records should maintain these forms



## CONTRACT FOR SUBSEQUENT ARREST NOTIFICATION SERVICE

Department of Justice  
Bureau of Criminal Information and Analysis  
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 (DOJ) for employment, licensing, or certification purposes. This agency further requests that fingerprint transactions submitted for this purpose be retained in DOJ's 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 DOJ.**

AGENCY NAME: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ORI NUMBER: (If Applicable) \_\_\_\_\_

CONTACT PERSON(S): \_\_\_\_\_

CONTACT PERSON(S) TELEPHONE: \_\_\_\_\_

**Please retain the following authorized categories:**

ALL EMPLOYEES                       ALL VOLUNTEERS

ALL LICENSES, CERTIFICATIONS, OR PERMITS

OTHER: (specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This agency certifies that, to its knowledge, there is no statute or regulation prohibiting this notification and that all requirements for criminal record security and privacy of individuals will be met. This agency will notify the Bureau of Criminal Information and Analysis 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.

\_\_\_\_\_  
Signature of Agency Representative                      Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title of Agency Representative

|                                          |                                         |
|------------------------------------------|-----------------------------------------|
| FOR DOJ USE ONLY:                        |                                         |
| <input type="checkbox"/> Approved        | <input type="checkbox"/> Not Authorized |
| _____<br>Signature of DOJ Representative |                                         |
| _____<br>Effective Date                  |                                         |



## No Longer Interested Notification

California Penal Code section 11105.2 (d) states, in part, that any agency which submits the fingerprints of applicants for employment or approval to the Department of Justice (DOJ) for the purpose of establishing a record of the applicant to receive notification of subsequent arrests, shall immediately notify the Department when employment is terminated or the applicant is not hired.

It is the responsibility of the hiring/approving authority to notify the Department of Justice, Bureau of Criminal Information and Analysis when employment has been terminated or when an applicant or volunteer is not actually retained in the position for which they applied.