



SUPPLEMENTAL APPLICATION FOR MOBILE CHECK CASHING UNIT

A completed Application for Check Casher Permit (BCIA 4130) must be submitted with this form.

APPLICANT'S NAME: _____ BUSINESS NAME: _____
(DOING BUSINESS AS)

VEHICLE INFORMATION:

Make: _____ Model: _____ Year: _____ Color: _____

License Plate Number: _____ Vehicle Identification Number (VIN): _____

Registered Owner (if individual: First, Middle, Last): _____

Address of Registered Owner: _____

City: _____ State: _____ ZIP Code: _____

Make: _____ Model: _____ Year: _____ Color: _____

License Plate Number: _____ Vehicle Identification Number (VIN): _____

Registered Owner (if individual: First, Middle, Last): _____

Address of Registered Owner: _____

City: _____ State: _____ ZIP Code: _____

ATTACH ADDITIONAL SHEET(S) FOR ADDITIONAL MOBILE CHECK CASHING UNITS. CHECK BOX IF
ADDITIONAL SHEET(S) USED.

Submit completed form to:

California Department of Justice
Bureau of Criminal Information and Analysis
Check Casher Permit Program
P.O. Box 160207
Sacramento, CA 95816-0207



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Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The information on this form is requested by the State of California, Department of Justice (DOJ), California Justice Information Services (CJIS) Division, Applicant Information and Certification Branch, for the purpose of applying to operate a check casher business in the State of California. The maintenance of the information collected on this form is authorized by Civil Code section 1789.37, subdivision (a), and Check Casher Regulations, title 11, division 1, chapter 13.5. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <https://oag.ca.gov/privacy-policy>.

Providing Personal Information. All of the personal information requested in the form must be provided. Failure to provide the requested information will result in a delay in processing and/or denial of the application.

Access to Your Information. You may review the records maintained by the Check Casher Permit Program (CCPP) in the DOJ 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 the information pertaining to operating a check cashing business in the State of California, we may need to share the information you give us with federal, state, city, county, government and/or law enforcement 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; or
- 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 CCPP Program Analyst by email at chkcashpermit@doj.ca.gov, by phone at (916) 210-4103, or via mail at:

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Bureau of Criminal Information and Analysis
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