



CUSTODIAN OF RECORDS APPLICATION FOR CONFIRMATION (Pen. Code, § 11102.2)

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

Agency/Organization Information			
Agency Head:	Email:	Phone Number:	
Agency Name:	ORI:	Mail Code:	
Agency 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 If yes, what is the relationship? 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 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 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.	
_____ Signature of Applicant	_____ Date

California Department of Justice Authorization & Certification Program Mail to: P.O. Box 160207 Sacramento, CA 95816-0207	<div style="text-align: center; background-color: #e0f7fa; border-radius: 5px; padding: 5px;"> DOJ USE ONLY Confirmation of Custodian of Records </div> Date confirmed: _____ Completed by: _____ <div style="text-align: right; margin-top: 5px;">(initials)</div>
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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, and if applicable, the Applicant Fingerprint Form (FD-258, Rev. 11-1-20) 1110-0046, 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, and if applicable, the Applicant Fingerprint Form (FD-258, Rev. 11-1-20) 1110-0046, 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; 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 Custodian of Records Program Analyst by phone at (916) 210-5468, by email at COR@doj.ca.gov, or via mail at:

California Department of Justice
Authorization & Certification Program
P.O. Box 160207
Sacramento, CA 95816-0207