



## 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 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 Bureau of Criminal Information and Analysis Custodian of Records Unit P.O. Box 903417 Sacramento, CA 94203-4170			<b>DOJ USE ONLY</b> Confirmation of Custodian of Records Date confirmed: _____ Completed by: _____ (initials)	



## **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

**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: \_\_\_\_\_