

# Prisoner Reentry Network's Guide To:

## IDENTIFICATION: Birth Certificate, Driver's License, Social Security, RAP Sheet

### San Quentin Edition

CONTENTS:

<ol style="list-style-type: none"> <li>1. PRISON-ISSUED IDENTIFICATION</li> <li>2. BIRTH CERTIFICATE             <ol style="list-style-type: none"> <li>a. Overview</li> <li>b. Form: Birth Certificate and Identification</li> </ol> </li> <li>3. DRIVER'S LICENSE AND IDENTIFICATION CARD             <ol style="list-style-type: none"> <li>a. Process Overview</li> <li>b. Expired License</li> <li>c. Renewal by Mail</li> <li>d. Sample Form: DL 44</li> <li>e. Form: DL 410</li> <li>f. Form: INF 1125</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>4. SOCIAL SECURITY CARD             <ol style="list-style-type: none"> <li>a. Overview</li> <li>b. Requirements</li> <li>c. Form: SS-5 Form</li> </ol> </li> <li>5. RECORD OF ARREST AND PROSECUTION (RAP SHEET)             <ol style="list-style-type: none"> <li>a. Overview</li> <li>b. State RAP Sheet – Fee Waiver and No Fee Waiver</li> <li>c. FBI RAP Sheet</li> <li>d. Form: Request for Live Scan</li> <li>e. Form: Record Review</li> <li>f. Form: Fee Waiver Documents</li> <li>g. Forms: FBI RAP Request</li> </ol> </li> </ol>
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When you leave prison, you may have only your prison-issued identification. While this serves as state-issued identification and will get you on a bus or train, it won't get you a social security card or driver's license. This document will outline the steps required for obtaining legal identification in preparation for release, a process that can begin any time following arrest.

Updated 2.14.14



About the Prisoner Reentry Network:

The Prisoner Reentry Network promotes successful transitions from incarceration to the community through direct legal and social services, coordinating community resources, public education, and policy advocacy. This includes developing parole plans; providing prisoners assistance with services in their local communities; promoting public support for such programs; and providing a model for reentry programs that can be replicated in California and elsewhere. The Prisoner Reentry Network was founded by Jared Rudolph in February 2014.

Accessing California Reentry Program's Services:

If you are incarcerated in CSP - Solano, contact your counselor to sign up for our services.

The program will supply information packets and individualized counseling on any reentry-related issue through the mail. To contact the Prisoner Reentry Network by mail, write to:

Prisoner Reentry Network  
877 Bryant St. #200  
San Francisco, CA 94103

If you have internet access, contact us through our website: [www.prisonerreentrynetwork.org](http://www.prisonerreentrynetwork.org).



## **INSTRUCTIONS**

- Mail the following items to our office:
  - 1) Completed "Application for Certified Copy of Birth Record" (VS 111).
  - 2) Notarized sworn statement (if applicable).
  - 3) \$25 fee per copy requested.
- Complete a separate application for each record requested.
- Be sure to complete all items required on the application, and provide as much information as possible to help locate the record, otherwise your request may be returned to you for correction.
- Fees are payable to "CDPH Vital Records" via check or money order. International money orders for out-of-country requests should be payable in U.S. dollars. Fees are also non-refundable per state law.
- If we cannot locate the record based on the information you provide, California Health and Safety Code authorizes our office to maintain the fee for the search itself, and we will issue a Certificate of No Public Record (CNPR).
- Fees previously paid to local registrars and county recorder's offices cannot be transferred to our office.

*Vital Records maintains a permanent, public record of every birth and death that has occurred in California since July 1905, and has more than 50 million records on file.*



California Department of Public Health  
Vital Records – MS 5103  
P.O. Box 997410  
Sacramento, CA 95899-7410  
(916) 445-2684  
[www.cdph.ca.gov](http://www.cdph.ca.gov)  
CA Relay: 711/1-800-735-2929



## How to Obtain Certified Copies of ***Birth Records***

January 1, 2014

## AVAILABILITY OF RECORDS

Before birth certificates are registered in our state database and are made available for processing copies, they are first registered in the county where the birth took place. This process is administered through the local county health department (registered) and local county recorder's office (maintained).

Because of the time it takes the county offices to send the records to our office and to get them registered in our system, *we encourage you to request certified copies of birth certificates from the county recorder's office if you require a copy within the first three months after the date of event.*

**Caution:** If you choose to send your request to our office within the first three months after the date of event, and we do not have the record available yet, we will issue you a Certificate of No Public Record (CNPR). Our office will retain the fee for the search, per California law.

## IF THE RECORD IS BEING AMENDED

Amendments to original birth records are frequently submitted to our office to correct errors or add information to original documents. Copies of amended certificates may be requested at the same time the amendment is submitted. The applicant receives a certified copy once the amendment is completed.

- If you request a certified copy **before** the amendment has been completed, you will receive either: a copy of the un-amended record, or a CNPR if we are not able to locate the record.
- If you know that the record is being amended, and it is the amended record that you want, please wait until after the amendment has been completed before requesting a certified copy.

**ATTENTION:**  
PLEASE READ THE FOLLOWING INFORMATION  
BEFORE COMPLETING APPLICATION

## CERTIFIED COPIES AND SWORN STATEMENTS

There are two types of certified copies available upon request:

### **1) Certified Copy** *(authorized persons only)*

If you are requesting a certified copy, you **MUST** provide a notarized sworn statement (see page 3 of application) declaring under penalty of perjury that you are authorized by law to receive the certified copy (see application for list of authorized individuals).

If you are requesting a certified copy and a notarized sworn statement is not included, we will not be able to accept your request for processing.

A certified copy can be used to establish the identity of the person named on the certificate.

**Note:** Only one sworn statement is required for multiple records that are requested at the same time — but the sworn statement must include the name of each person whose record is being requested and your relationship to that person.

### **2) Certified Informational Copy** *(any interested person)*

If you are requesting a certified informational copy, you **DO NOT** need to provide a sworn statement.

A certified informational copy has a legend printed on the face of the document that states, "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." Persons who are not eligible to receive a certified copy can receive a certified informational copy.

Both types of documents are certified copies of the original document on file with our office. Depending on the exact year of event, some certified informational copies will have signatures and Social Security numbers redacted (concealed).

## APPLICANT NOTIFICATION

Once your request has been received and evaluated:

- If your request is not accepted (e.g., due to insufficient fees, insufficient information, etc.), we will return your request to you with a letter explaining what needs to be corrected; or,
- If your request is accepted, we will process the application and mail out a copy of the certificate(s) you requested.

Please allow a few weeks to receive these documents.

## PROCESSING TIMES

To check current processing times for certified copies of birth certificates, visit our website:

<http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/ProcessingTimes.aspx>

If you need your copy sooner, please refer to the enclosed list of county recorder's offices to contact the county where the event occurred. Because of the large volume of requests we process at the state level, the county offices can usually provide a faster processing time.

All applications and written inquiries should be mailed to:

**California Department of Public Health  
Vital Records – MS 5103  
P.O. Box 997410  
Sacramento, CA 95899-7410**

If you still have any questions, please contact our Customer Service Unit at (916) 445-2684, Monday through Friday, between 8AM – 4PM.

**APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD**

PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THIS APPLICATION

As part of statewide efforts to prevent identity theft, California law (Health and Safety Code Section 103526) permits only authorized individuals as listed on the application to receive certified copies of birth records. All others will be issued **Certified Informational Copies** marked with the legend, **“Informational, Not A Valid Document to Establish Identity.”**

Please indicate the type of certified copy you are requesting:

<input type="checkbox"/> I would like a <b>Certified Copy</b> . This copy will establish the identity of the registrant. (To receive a Certified Copy you <b>MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT</b> by selecting from the list below <b>AND COMPLETE THE ATTACHED SWORN STATEMENT</b> declaring that you are eligible to receive the Certified Copy. The Sworn Statement <b>MUST BE NOTARIZED</b> if the application is submitted by mail <b>unless you are a law enforcement or local or state governmental agency.</b> )	<input type="checkbox"/> I would like a <b>Certified Informational Copy</b> . This document will be printed with a legend on the face of the document that states, <b>“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”</b>  <b>(A Sworn Statement does not need to be provided.)</b>
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**NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend and redaction of signatures and Social Security Number, the documents contain the same information.**

Fee: **\$25 per copy** (payable to CDPH Vital Records). **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

To receive a **Certified Copy** I am:

- The registrant (person listed on the certificate) or a parent or legal guardian of the registrant. **(Legal guardian must provide documentation.)**
- A party entitled to receive the record as a result of a court order or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. **(Please include a copy of the court order.)**
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. **(Companies representing a government agency must provide authorization from the government agency.)**
- A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.
- An attorney representing the registrant or the registrant’s estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant’s estate.
- Appointed rights in a power of attorney, or an executor of the registrant’s estate. **(Please include a copy of the power of attorney, or supporting documentation identifying you as executor.)**

**PLEASE ATTACH CHECK HERE**

**APPLICANT INFORMATION (PLEASE PRINT OR TYPE) Today’s Date:**

Agency Name (If Applicable)		Agency Case Number	Inmate ID Number	
Print Name of Applicant		Signature of Applicant	Purpose of Request	
Mailing Address – Number, Street		Amount Enclosed – <b>DO NOT SEND CASH</b>		Number of Copies
		\$ _____ Check \$ _____ Money Order		
City		Name of Person Receiving Copies, if Different from Applicant		
State/Province	ZIP Code	Mailing Address for Copies, if Different from Applicant		
Daytime Telephone (include area code) (    )	Country	City	State	ZIP Code

**BIRTH RECORD INFORMATION (PLEASE PRINT OR TYPE) Adopted:  No  Yes (if Yes, see #4 on Page 2)**  
**Complete the information below as shown on the birth record, to the best of your knowledge.**

FIRST Name		MIDDLE Name	LAST Name	
City of Birth (must be in California)			County of Birth	
Date of Birth – MM/DD/CCYY (If unknown, enter approximate date of birth)			Sex ___Female ___Male	
Father/Parent FIRST Name		MIDDLE Name	LAST Name (Before Marriage/Domestic Partnership)	
Mother/Parent FIRST Name		MIDDLE Name	LAST Name (Before Marriage/Domestic Partnership)	

## INFORMATION:

Birth records have been maintained in the California Department of Public Health Vital Records since July 1, 1905.

*The name required on Vital Records (see Items 1C, 6C, 7C, 9C, and 12C) is the name given at birth, or a name received through adoption, court-ordered name change, or naturalization. AKAs (Also Known As) and assumed names cannot be entered as the legal name on the birth record.*

## INSTRUCTIONS:

1. **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a birth record to establish identity of the registrant (person listed on the certificate). (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."

**Confidential Information on Birth Record:** some individuals have special needs for a birth certificate that contains the confidential information provided at the time the birth record was prepared. This confidential information may be used to establish ethnicity, to provide health background, or for other personal reasons. For information on how to obtain a birth certificate containing the confidential information, please refer to the **Birth Record** section of our website at:

[www.cdph.ca.gov](http://www.cdph.ca.gov). Only specific individuals may obtain confidential copies.

2. Complete a separate application for each birth record requested.
3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Birth Record Information** section, provide all the information you have available to identify the birth record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.
4. **If the registrant has been adopted**, make the request in the **adopted** name. If the registrant was born outside the United States and re-adopted in California, mark the "Yes" box and complete the application with the adopted information. (If you are requesting a copy of the **original** birth certificate, you **must** provide a court order releasing the original sealed record.)

### 5. **SWORN STATEMENT:**

- The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the birth record and identify their relationship to the registrant – the relationship must be one of those identified on Page 1.
- If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and local and state governmental agencies are exempt from the notary requirement.**
- You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the birth record.

6. Submit \$25 for **each** copy requested. If no birth record is found, the fee will be retained for searching for the record (as required by law) and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to **CDPH Vital Records**. **PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH** (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

7. Mail completed applications with the fee(s) to:

California Department of Public Health  
Vital Records – MS 5103  
P.O. Box 997410  
Sacramento, CA 95899-7410  
(916) 445-2684

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## BIRTH

Page 2 of 3

**SWORN STATEMENT**

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California,  
 (Applicant's Printed Name)

that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth, death, or marriage certificate of the following individual(s):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application)

*(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)*

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_,  
 (Day) (Month) (City) (State)



(Applicant's Signature)

**Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)**

**CERTIFICATE OF ACKNOWLEDGMENT**

State of \_\_\_\_\_)

County of \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_,  
 (insert name and title of the officer)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.  
 (SEAL)



SIGNATURE OF NOTARY PUBLIC

## CALIFORNIA COUNTY RECORDERS

Alameda.....	1106 Madison Street, First Floor, Oakland, CA 94607, (510) 272-6362
Alpine.....	99 Water Street, or P.O. Box 155, Markleeville, CA 96120, (530) 694-2283
Amador.....	810 Court Street, Jackson, CA 95642, (209) 223-6468
Butte.....	25 County Center Drive, Suite 105, Oroville, CA 95965, (530) 538-7691
Calaveras.....	891 Mountain Ranch Road, San Andreas, CA 95249, (209) 754-6372
Colusa.....	546 Jay Street, Suite 200, Colusa, CA 95932, (530) 458-0500
Contra Costa.....	555 Escobar Street, or P.O. Box 350, Martinez, CA 94553, (925) 335-7900
Del Norte.....	981 H Street, Suite 160, Crescent City, CA 95531, (707) 464-7216
El Dorado.....	360 Fair Lane, Placerville, CA 95667, (530) 621-5490
Fresno.....	2281 Tulare Street, Room 302, or P.O. Box 766, Fresno, CA 93712, (559) 600-3476
Glenn.....	516 West Sycamore Street, Second Floor, Willows, CA 95988, (530) 934-6412
Humboldt.....	825 Fifth Street, Fifth Floor, Eureka, CA 95501, (707) 445-7382
Imperial.....	940 West Main Street, Suite 202, El Centro, CA 92243, (760) 482-4272
Inyo.....	168 North Edwards Street, or P.O. Drawer F, Independence, CA 93526, (760) 878-0222
Kern.....	1655 Chester Avenue, Bakersfield, CA 93301, (661) 868-6400
Kings.....	Government Center, 1400 West Lacey Boulevard, Hanford, CA 93230, (559) 582-3211, ext. 2470
Lake.....	Courthouse, 255 North Forbes Street, Lakeport, CA 95453, (707) 263-2293
Lassen.....	220 South Lassen Street, Suite 5, Susanville, CA 96130, (530) 251-8234
Los Angeles.....	12400 Imperial Highway, Room 1002, Norwalk, CA 90650, (562) 462-2137 or 2101 or 2102
Madera.....	200 West Fourth Street, Madera, CA 93637, (559) 675-7724
Marin.....	3501 Civic Center Drive, Room 232, San Rafael, CA 94903, (415) 499-6092 or (415) 473-6092
Mariposa.....	4982 Tenth Street, or P.O. Box 35, Mariposa, CA 95338, (209) 966-5719
Mendocino.....	501 Low Gap Road, Room 1020, Ukiah, CA 95482, (707) 463-4376
Merced.....	2222 M Street, Merced, CA 95340, (209) 385-7627
Modoc.....	108 E. Modoc Street, Alturas, CA 96101, (530) 233-6205
Mono.....	74 School Street, Annex 1, or P.O. Box 237, Bridgeport, CA 93517, (760) 932-5530
Monterey.....	168 West Alisal Street, First Floor, or P.O. Box 29, Salinas, CA 93902-0570, (831) 755-5041
Napa.....	900 Coombs Street, Room 116, or P.O. Box 298, Napa, CA 94559-0298, (707) 253-4105
Nevada.....	950 Maidu Avenue, Suite 210, Nevada City, CA 95959, (530) 265-1221
Orange.....	12 Civic Center Plaza, Room 101, Santa Ana, CA 92701, (714) 834-2500
Placer.....	2954 Richardson Drive, Auburn, CA 95603, (530) 886-5600
Plumas.....	520 Main Street, Room 102, Quincy, CA 95971, (530) 283-6218 or (530) 283-6256
Riverside.....	2724 Gateway Drive, or P.O. Box 751, Riverside, CA 92502-0751, (951) 486-7000
Sacramento.....	600 Eighth Street, or P.O. Box 839, Sacramento, CA 95812-0839, (916) 874-6334
San Benito.....	County Courthouse, 440 Fifth Street, Room 206, Hollister, CA 95023-3896, (831) 636-4046
San Bernardino.....	222 West Hospitality Lane, First Floor, San Bernardino, CA 92415-0022, (855) 732-2575
San Diego.....	1600 Pacific Highway, Suite 260, San Diego, CA 92101, (619) 237-0502
San Francisco.....	One Dr. Carlton B. Goodlett Place, City Hall, Room 190, San Francisco, CA 94102, (415) 554-5596*
San Francisco Health Dept.	101 Grove Street, Room 105, San Francisco, CA 94102, (415) 554-2700**
San Joaquin.....	44 North San Joaquin Street, Suite 260, or P.O. Box 1968, Stockton, CA 95201-1968, (209) 468-3939
San Luis Obispo.....	1055 Monterey Street, Room D120, San Luis Obispo, CA 93408, (805) 781-5080
San Mateo.....	555 County Center, First Floor, Redwood City, CA 94063-1665, (650) 363-4500
Santa Barbara.....	1100 Anacapa Street, or P.O. Box 159, Santa Barbara, CA 93102-0159, (805) 568-2250
Santa Clara.....	70 West Hedding Street, San Jose, CA 95110, (408) 299-5688
Santa Cruz.....	701 Ocean Street, Room 230, Santa Cruz, CA 95060, (831) 454-2800
Shasta.....	1450 Court Street, Suite 208, Redding, CA 96001-1670, (530) 225-5678
Sierra.....	100 Courthouse Square, Room 11, or P.O. Drawer D, Downieville, CA 95936, (530) 289-3295
Siskiyou.....	311 Fourth Street, Room 108, Yreka, CA 96097, (530) 842-8065
Solano.....	675 Texas Street, Suite 2700, Fairfield, CA 94533-6338, (707) 784-6294
Sonoma.....	585 Fiscal Dive, Room 103-F, or P.O. Box 1709, Santa Rosa, CA 95402, (707) 565-2651
Stanislaus.....	1021 I Street, Suite 101, Modesto, CA 95354-0847, (209) 525-5250
Sutter.....	433 Second Street, Yuba City, CA 95991, (530) 822-7134
Tehama.....	633 Washington Street, Room 11, or P.O. Box 250, Red Bluff, CA 96080, (530) 527-3350
Trinity.....	11 Court Street, or P.O. Box 1215, Weaverville, CA 96093, (530) 623-1215
Tulare.....	County Civic Center, 221 South Mooney Boulevard, Room 103, Visalia, CA 93291, (559) 636-5050
Tuolumne.....	2 South Green Street, Sonora, CA 95370, (209) 533-5531
Ventura.....	800 South Victoria Avenue, Ventura, CA 93009-1260, (805) 654-3665
Yolo.....	625 Court Street, Room B01, or P.O. Box 1130, Woodland, CA 95776-1130, (530) 666-8130
Yuba.....	915 Eighth Street, Suite 107, Marysville, CA 95901, (530) 749-7851

\* Public Marriages

\*\* Birth and Death Certificates

**DRIVER LICENSE AND IDENTIFICATION CARD:**

California **driver license** and **identification (ID) card** have been declared as primary identification documents in this state by the California legislature. Both will replace your prison-issued identification as your main form of identification, but cannot be obtained until after you leave the prison.

To get these items, go to your local DMV. Talk with your reentry counselor about which DMV you should visit, and schedule an appointment following your release date.



**Expired Drivers License:** Your driver's license expires **every 5 years** on your birthday. You cannot renew your California driver license more than 90 days after it has expired.

**How to apply for or renew a driver license or ID card:** Some clients report they only have to go to the DMV and scan their thumb to get a new identification. However, the DMV has only recorded thumbprint for the past few years, so your thumbprint may not be in their records. Additionally, the DMV may have lost your thumbprint record. Accordingly, you should prepare as if you are applying for the first time:

- i. Visit a DMV office during your scheduled appointment time.
- ii. Complete application form DL 44 (A sample is included, but an original must be submitted).
- iii. Give a thumb print.
- iv. Have your picture taken.
- v. Provide your **social security number**. It will be verified with the Social Security Administration while you are in the DMV. You also can prove it using the following:
  1. Social Security Card
  2. Medicare Card
  3. U.S. Armed Forces ID Cards
  4. Military separation document
- vi. Verify your birth date and legal presence. To do this, there are a number of documents you can use, but the **birth certificate** is the only that is available to everyone, and is the easiest to get. If you were born outside of the United States, you must provide another form of identification.
- vii. Pay the **application fees**.
 

1. California Driver's License:	\$33
2. California Identification:	\$28
3. Senior Citizen (Over 62)	No fee
4. Reduced Fee ID Card:	\$8

**Reduced Fee ID Card:** If you qualify for CalWorks, TANF, SSI, General Assistance, or other social services, you can get a reduced ID card. When you apply for these services, ask the "eligibility worker" at the program that offers you assistance for this form. These forms are not circulated to the public and you cannot, legally, complete one for yourself.

- i. **Proof of address:** You need to bring proof of a stable residence or P.O. Box number. Bring official mail that has been sent to the address where you are staying – try to bring the most official piece of mail possible. Good examples of proof of address are letters from hospitals or healthcare

providers, parole or probation correspondence, or a cell phone statement. Work with your reentry counselor for solutions to this issue.

**After you are done:** The DMV will issue you a temporary identification. Your new ID will be mailed to you within 60 days. If you have not received your ID after 60 days, call 1-800-777-0133 and they can check on the status for you. Have your receipt with you to provide information when requested.

**Suspended Drivers License:** Either the Department of Motor Vehicles (DMV) or the court can temporarily withdraw your privilege to drive. To find out whether your license is suspended you can check your driving record using filling out and sending an INF 1125 Form with a \$5 fee.

**Renewal by mail:** The best way to get a California ID card prior to leaving prison is to apply by mail, and have the ID delivered to someone on the outside. You may be eligible to renew your license by mail if you can answer no to the following questions:

- Does your driver license expire more than 60 days from today's date?
- Will you be 70 years of age or older when your current driver license expires?
- Are you currently on any type of driving probation or suspension?
- Did you violate a written promise to appear in court within the last two years?
- Have you already received two consecutive five year extensions by mail?
- Do you have a driver license from more than one state or jurisdiction?

You can see if you are eligible to renew your identification card by mail by completing and submitting the **California Identification Card Renewal by Mail Eligibility Form (DL 410 ID)**. The fee for a renewal by mail is \$27.



DEPARTMENT OF MOTOR VEHICLES

A Public Service Agency

HQ MICROGRAPHICS USE ONLY

DRIVER LICENSE OR IDENTIFICATION CARD APPLICATION

DO NOT DUPLICATE

1 PURPOSE FOR YOUR VISIT: [x] the appropriate box(es). PRINT USING BLACK OR BLUE INK ONLY. DRIVER LICENSE (DL) [x] Original DL/Permit [ ] Remove Restriction [ ] Renewal [ ] Duplicate [ ] Lost [ ] Stolen. IDENTIFICATION CARD (ID) [ ] Original ID Card/Renewal [ ] Senior ID Card/Renewal (Age 62+) [ ] Replacement [ ] Lost [ ] Stolen. NAME CHANGE/CORRECTION [ ] DL [ ] ID CARD. Complete Parts 2, 3, 5, 6 & 7 only.

2 PLEASE PROVIDE THE FOLLOWING: NOTE: You must use your true full name. Driver License or ID Card Number, State or Country, Expires, Birth Date, Social Security Number, First Name, Middle Name, Last Name, Mailing Address, Address Where You Live.

Sex [x] M [ ] F, Hair Color Brown, Eye Color Brown, Height 6' 1", Weight 165

3 COMPLETE THIS SECTION ONLY IF YOU ARE NOT ELIGIBLE FOR A SOCIAL SECURITY NUMBER: I certify under penalty of perjury... Signature, Date

4 LICENSING NEEDS: [x] the appropriate box(es). BASIC LICENSE [x] Basic Class C [ ] Motorcycle. NON-COMMERCIAL LICENSE [ ] Class A [ ] Class B. AMBULANCE CERTIFICATE [ ]

5 THE FOLLOWING QUESTIONS MUST BE ANSWERED: A. Have you applied for a Driver License or Identification Card in California or another state/country using a different name or number within the past ten (10) years? B. Have you had your driving privilege or a driver license cancelled, refused, delayed, suspended, or revoked? C. Within the last five years, have you had or experienced any of the medical conditions specified on the back of this form that affects your ability to operate a motor vehicle safely?

6 DO YOU WISH TO REGISTER TO VOTE OR CHANGE POLITICAL AFFILIATION OR VOTER ADDRESS? DO YOU WISH TO REGISTER TO VOTE OR CHANGE POLITICAL AFFILIATION? Y [x] YES—Complete the attached voter form. N [ ] NO—Do not complete attached voter form. VOTER CHANGE OF ADDRESS [ ]

7 DO YOU WISH TO REGISTER TO BE AN ORGAN AND TISSUE DONOR? [x] YES! I want to be an organ and tissue donor. [ ] \$2 voluntary contribution to support and promote organ and tissue donation.

8 FOR DRIVER UNDER 18, PARENT/GUARDIAN SIGNATURES REQUIRED: Mother's/Guardian's Signature, Date, Daytime Phone Number, Address. Father's/Guardian's Signature, Date, Daytime Phone Number, Address.

9 CERTIFICATION: I have read, understand and agree with the contents of this form, including the certifications on the back of this form. STOP Do not sign until instructed to do so by a DMV employee. Applicant's Signature, Date, Daytime Phone Number.

## CALIFORNIA IDENTIFICATION CARD OR SENIOR IDENTIFICATION CARD RENEWAL BY MAIL ELIGIBILITY INFORMATION

**If your last TWO identification card renewals were by mail or by Internet, you are NOT eligible to renew by mail or online.**  
**If your LAST Senior identification card renewal was by mail or by Internet, you are NOT eligible to renew by mail or online.**  
**You MUST provide your Social Security Number when applying for identification or Senior identification card.**

### SECTION 1 — ARE YOU ELIGIBLE FOR RENEWAL BY MAIL? *(Please answer the questions below to determine eligibility.)*

	YES	NO	Senior ID Card Information
A. Do you have a Social Security Number?.....	<input type="checkbox"/>	<input type="checkbox"/>	<p>A banner with the words "Senior Identification Card" will be printed on the front of the identification card.</p> <p>There is <b>"NO FEE"</b> for a Senior identification card.</p>
B. Has your identification card been expired for more than one year? .....	<input type="checkbox"/>	<input type="checkbox"/>	
C. Are you changing/correcting your name? .....	<input type="checkbox"/>	<input type="checkbox"/>	
D. Are you 62 years old or older and want a <b>FREE</b> Senior identification card?..... (If yes, see information to the right)	<input type="checkbox"/>	<input type="checkbox"/>	

If you answered YES to question(s) B-C, you are NOT eligible to renew by mail and must go into the field office.

### SECTION 2 — PLEASE TELL US ABOUT YOURSELF *(Use your true full name.)*

DRIVER LICENSE OR ID CARD NUMBER	STATE OR COUNTRY	EXPIRATION DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME		BIRTH DATE
<input type="text"/>		<input type="text"/>
FIRST NAME	MIDDLE NAME	SUFFIX (JR., SR., III)
<input type="text"/>	<input type="text"/>	<input type="text"/>
RESIDENTIAL STREET (WHERE YOU LIVE) NUMBER, STREET NAME (ST., AVE., RD., BLVD., ETC.)		
<input type="text"/>		
CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
MAILING ADDRESS (IF DIFFERENT) NUMBER, STREET NAME (ST., AVE., RD., BLVD., ETC.) OR P.O. BOX NUMBER		
<input type="text"/>		
CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

MY SOCIAL SECURITY NUMBER IS:  -  -

### SECTION 3 — ADDITIONAL INFORMATION

A. Have you ever applied for a California driver license or identification card under a different name?

Yes  No If yes, provide name in the space provided.

FIRST NAME	MIDDLE NAME	LAST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

### SECTION 4 — DO YOU WISH TO REGISTER TO VOTE OR CHANGE YOUR VOTER ADDRESS?

<b>DO YOU WISH TO REGISTER TO VOTE?</b>	<b>Y</b> <input type="checkbox"/> Yes—Please complete new voter form <i>(provided by DMV)</i> . <b>N</b> <input type="checkbox"/> No—Do not complete voter form.	<b>VOTER CHANGE OF ADDRESS</b>	I am a registered voter. I have moved and wish to update my voter record: <b>C</b> <input type="checkbox"/> to a new county—Please complete a new voter form <i>(provided by DMV)</i> . <b>S</b> <input type="checkbox"/> within the same county—Do not complete the voter form. Your voter record will be automatically updated.
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If the voter has not received voter registration information within 30 days of requesting it, they should contact the Local Elections Office of the Office of the Secretary of State.

**Please turn this sheet over and continue the application.**

**SECTION 5 — HAVE YOU EVER SERVED IN THE UNITED STATES MILITARY? (Read Veteran Statement below.)**

I have served in the United States Military and I want to receive veteran benefits information.

**SECTION 6 — DO YOU WISH TO REGISTER TO BE AN ORGAN AND TISSUE DONOR?**

- Yes, add my name to the donor registry.
- I do not wish to register at this time.
- \$2 voluntary contribution to support and promote organ and tissue donation.

Marking "Yes" adds your name to the Donate Life California Organ and Tissue Donor Registry and a pink 'donor' dot will appear on your license. If you wish to remove your name from the registry, you must contact Donate Life California (see below); DMV can remove the pink dot from your licenses but cannot remove you from the registry.

**SECTION 7 — CERTIFICATIONS AND IMPORTANT INFORMATION**

- **Social Security Number Collection Disclosure** — You are required by law to provide your social security number or your Renewal by Mail application will be denied. Authority to collect the social security number is 42 U.S.C. 405 and California Vehicle Code §1653.5. It will be used in the administration of driver license laws and motor vehicle registration laws and to respond to requests for information from the Franchise Tax Board for tax administration and from any agency operating pursuant to 42 U.S.C. 601 et seq. It will be used to aid in the collection of monies owed in connection with failure to pay fines or failure to appear in court by an applicant, and to aid in the collection of monies owed by an applicant in connection with Aid to Families with Dependent Children, Child Support, and/or Establishment of Paternity.
- **California state law allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the DMV and requires you to pay a delinquent state tax obligation.**
- **Organ Donor Statement** — If you marked 'Yes' to register as an organ and tissue donor, you are legally authorizing the recovery of organs and tissues in the event of your death. Registering as a donor will not affect your medical treatment in any way. As outlined in the California Anatomical Gift Act, your authorization is legally binding and, unless the donor is under 18 years of age, your decision does not require the consent of any other person. For registered donors under 18 years of age, the legal guardian shall make the final donation decision. You may limit your donation to specific organs or tissues, place usage restrictions (for example transplantation or research), obtain more information about donation, or remove your name from the registry on the Internet Web site of Donate Life California: [www.donateLIFEcalifornia.org](http://www.donateLIFEcalifornia.org).
- **Veteran Statement** — By marking the veteran box on this application, I certify that I am a veteran of the United States Armed Forces and that I want to receive veteran benefits information from the California Department of Veterans Affairs. By marking the veteran box on this application, I also consent to DMV transmitting my name and mailing address to the California Department of Veterans Affairs for this purpose only, and I certify that I have been notified that this transmittal will occur.
- **By signing this form, I am acknowledging my presence in the United States is authorized under federal law.**
- **Mailing Address** — I am the person whose name appears in Section 2 of this form. The mailing address shown is valid, existing, and accurate. I consent to receive service of process at this mailing address pursuant to §415.20(b), §415.30(a), and §416.90 of the Civil Procedure Code.
- **Advisory Statement** — The information required on this form pertains to eligibility under the Public Records Act. This information is a public record and is regularly used by law enforcement agencies and insurance companies. Access to address information is now restricted, and will be available to various authorized requesters for limited use. Individuals can obtain copies of their own information during regular office hours.

**SECTION 8 — SIGNATURE/PERJURY STATEMENT**

**I have read, understand and agree with the certifications on this document. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

SIGNATURE

X

DATE

**SECTION 9 — WHERE TO MAIL**

The Renewal fee for an identification card is \$27.00, free for senior citizens (62 or older). If you marked the box to make a \$2 voluntary contribution to support and promote the Donate Life California organ and tissue donor registry, include the \$2 voluntary contribution with your check or money order made payable to DMV and mail this form to:

**DMV, Attn: Renewal By Mail Unit  
PO Box 942890  
Sacramento, CA 94290-0001**

(Please write your identification card number on the back of your payment document.)



**REQUEST FOR YOUR OWN  
DRIVER LICENSE/IDENTIFICATION CARD (DL/ID)  
OR  
VEHICLE/VESSEL REGISTRATION (VR) INFORMATION RECORD  
FEE: \$5.00 FOR EACH CURRENT RECORD**

Write your DL/ID number or plate or VIN on the front or the back of your check.  
DO NOT COMPLETE THIS FORM UNLESS YOU ARE REQUESTING YOUR OWN DL/ID RECORD  
OR YOU ARE THE CURRENT VR REGISTERED OWNER ON FILE WITH THE DEPARTMENT.

**REQUESTER'S INFORMATION PLEASE PRINT CLEARLY**

FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS

CITY STATE ZIP CODE

DAYTIME TELEPHONE

( )

SIGNATURE DATE

**X**

*Check box(es) for type of record(s) you are requesting.*

DRIVER LICENSE/ID RECORD (Complete boxes A & B)       VEHICLE/VESSEL REGISTRATION RECORD (Complete boxes C & D)

A. CALIF. DRIVER LICENSE/ID NUMBER

C. CALIF. LICENSE/CF NUMBER

B. BIRTH DATE (MO/DAY/YR)

D. VEHICLE/VESSEL ID NUMBER

**DMV USE ONLY**

ID Verified by Cashier Line Date

This request may be presented in person to your local DMV office or mailed to DMV Headquarters:

Department of Motor Vehicles  
P. O. Box 944247 MS G199  
Sacramento, CA 94244-2470

INF 1125 (REV. 11/2000) WWW

**Complete if mailing.**

Send information to: (Print your name and address clearly in the box.)

NAME
ADDRESS
CITY STATE ZIP CODE



**REQUEST FOR YOUR OWN  
DRIVER LICENSE/IDENTIFICATION CARD (DL/ID)  
OR  
VEHICLE/VESSEL REGISTRATION (VR) INFORMATION RECORD  
FEE: \$5.00 FOR EACH CURRENT RECORD**

Write your DL/ID number or plate or VIN on the front or the back of your check.  
DO NOT COMPLETE THIS FORM UNLESS YOU ARE REQUESTING YOUR OWN DL/ID RECORD  
OR YOU ARE THE CURRENT VR REGISTERED OWNER ON FILE WITH THE DEPARTMENT.

**REQUESTER'S INFORMATION PLEASE PRINT CLEARLY**

FULL LEGAL NAME (FIRST, MI, LAST)

ADDRESS

CITY STATE ZIP CODE

DAYTIME TELEPHONE

( )

SIGNATURE DATE

**X**

*Check box(es) for type of record(s) you are requesting.*

DRIVER LICENSE/ID RECORD (Complete boxes A & B)       VEHICLE/VESSEL REGISTRATION RECORD (Complete boxes C & D)

A. CALIF. DRIVER LICENSE/ID NUMBER

C. CALIF. LICENSE/CF NUMBER

B. BIRTH DATE (MO/DAY/YR)

D. VEHICLE/VESSEL ID NUMBER

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P. O. Box 944247 MS G199  
Sacramento, CA 94244-2470

INF 1125 (REV. 11/2000) WWW

**Complete if mailing.**

Send information to: (Print your name and address clearly in the box.)

NAME
ADDRESS
CITY STATE ZIP CODE

CUT ON LINE AND KEEP THIS PART FOR YOUR RECORDS

**SOCIAL SECURITY CARD:**

A social security card helps identify you to the U.S. government, and will connect you with Social Security benefits.

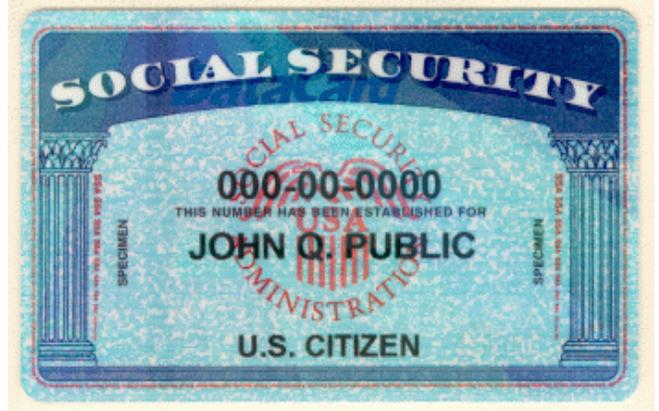
You must provide documentation that proves your U.S. citizenship and identity:

- Drivers license or ID card; or
- U.S. passport; or
- Certificate of naturalization or a certificate of citizenship

No photocopies are accepted. If you do not have these specific documents, you can also provide:

- Employee ID card
- School ID card
- Health insurance card (not a Medicare card)
- U.S. military card
- Adoption decree

With this information, you should go to the local social security office. Work with your reentry counselor to locate the social security office in your area. Be sure to check the hours of operation, as social security offices often close early.



# **SOCIAL SECURITY ADMINISTRATION**

## **Application for a Social Security Card**

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**Applying for a Social Security Card is free!**

### **USE THIS APPLICATION TO:**

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

**IMPORTANT:** You MUST provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov).

### **Original Social Security Card**

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

### **Replacement Social Security Card**

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

### **Changing Information on Your Social Security Record**

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

### **LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS**

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

### **IF YOU HAVE ANY QUESTIONS**

If you have any questions about this form or about the evidence documents you must provide, please visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.

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## EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

**IMPORTANT** : If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

### **Evidence of Age**

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

### **Evidence of Identity**

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card, or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

**WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.**

### **Evidence of U.S. Citizenship**

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

### **Evidence of Immigration Status**

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

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## **HOW TO COMPLETE THIS APPLICATION**

**Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½" x 11" (or A4 8.25" x 11.7") paper.**

**GENERAL:** Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.

5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.

6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.

9.B., 10.B. If you are applying for an original Social Security card for a child under age 18, you MUST show the parents' Social Security numbers unless the parent was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.

13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.

16. Show an address where you can receive your card 7 to 14 days from now.

17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

## **HOW TO SUBMIT THIS APPLICATION**

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to

<https://secure.ssa.gov/apps6z/FOLO/fo001.jsp> to find the Social Security office or Social Security Card Center that serves your area.

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## **PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD**

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

### **PRIVACY ACT STATEMENT**

#### **Collection and Use of Personal Information**

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any local Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

<b>1</b>	<b>NAME</b> TO BE SHOWN ON CARD	First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last
	OTHER NAMES USED			
<b>2</b>	Social Security number previously assigned to the person listed in item 1		- -	
<b>3</b>	<b>PLACE OF BIRTH</b> (Do Not Abbreviate) City	State or Foreign Country		<b>4</b>
		Office Use Only FCI	<b>DATE OF BIRTH</b> MM/DD/YYYY	
<b>5</b>	<b>CITIZENSHIP</b> ( Check One )	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien <b>Not</b> Allowed To Work(See Instructions On Page 3)
		<input type="checkbox"/> Other (See Instructions On Page 3)		
<b>6</b>	<b>ETHNICITY</b> Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>7</b>	<b>RACE</b> Select One or More (Your Response is Voluntary)	
		<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian		
<b>8</b>	<b>SEX</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>9</b>	<b>A. PARENT/ MOTHER'S NAME AT HER BIRTH</b>	First	Full Middle Name	Last
	<b>B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9 B on Page 3)			- -
<b>10</b>	<b>A. PARENT/ FATHER'S NAME</b>	First	Full Middle Name	Last
	<b>B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 10B on Page 3)			- -
<b>11</b>	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)			
<b>12</b>	Name shown on the most recent Social Security card issued for the person listed in item 1	First	Full Middle Name	Last
<b>13</b>	Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY	
<b>14</b>	<b>TODAY'S DATE</b> MM/DD/YYYY	<b>15</b>	<b>DAYTIME PHONE NUMBER</b> Area Code    Number	
<b>16</b>	<b>MAILING ADDRESS</b> (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No.		
		City	State/Foreign Country	ZIP Code
<b>17</b>	<b>YOUR SIGNATURE</b>	<b>18</b>	<b>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b> <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____	
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)				
NPN		DOC	NTI	CAN
ITV		PBC		EVI
EVA		EVC	PRA	NWR
DNR		UNIT		
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	
			DATE	
			DATE	
			DCL	

**RECORD OF ARRESTS AND PROSECUTION (RAP) SHEET:**

A record of your arrests and prosecutions, known as a RAP sheet, is a vital piece of information for formerly incarcerated persons. The California Department of Justice maintains a list of all criminal convictions on your record, and the Federal Bureau of Investigation maintains a separate list.

California Reentry Program suggests you get a copy of your RAP sheet for a few reasons:

- Review your RAP to make sure it's accurate: Prosecutors, judges, law clerks, and record custodians make mistakes. Work with your reentry counselor to make sure there are no errors on your record.
- Provide your RAP to prospective employers: Government employers are not allowed to ask about your criminal history on the initial application. However, private employers in California are still permitted to ask about your criminal history. Further, it is relatively easy to find someone's criminal history on the internet – even if it was expunged. Accordingly, the California Reentry Program suggests you provide a copy of the RAP sheet to a prospective employer before they ask.
- Expunge your RAP to clean your record: Though it is difficult to get felonies that resulted in prison sentences removed from your record, you may be able to remove other charges. Talk with your reentry counselor about expunging your record.

To get a copy of your California RAP sheet there are two processes. One process waives a fee, will save you \$25, but you still must pay for the fingerprint scan. The other process will cost \$25 plus the cost of the fingerprint scan:

**If not eligible for fee waiver:**

**STEP 1:** Fill out the "**Request for Live Scan Service**" and make 2 copies. The original is for the **Department of Justice (DOJ)** and copies are for you and the **Live Scan** agency. The **DOJ** charges \$25.00 for a copy of your **Rap Sheet**. You must also pay approximately \$20.00 for a Live Scan fingerprint fee.

**STEP 2:** Present your "**Request for Live Scan Service**" and copies AND a valid California driver license, ID or passport to a local **Live Scan** site.

See attached list for locations near you. You should call the site in advance to verify hours of operation, fees and acceptable forms of payment.

**STEP 3:** The Police will process your "**Request for Live Scan Service**", fees and scan your fingerprints.

You should receive your **Rap Sheet** in 8 to 10 weeks.

## If eligible for a fee waiver:

**STEP 1:** If your family receives food stamps, CalWORKs or similar government benefits or is very low income you may be eligible to waive the \$25 **Rap Sheet** fee. **You must still pay the fingerprint fee.** Requesting the waiver will add approximately 2 weeks to the process of obtaining your **Rap Sheet**.

**STEP 2:** Fill out the "**Application and Declaration for Waiver of Fee for Obtaining Criminal History Record Waiver**", attach your proof of income, and prepare a brief letter addressed to **California Department of Justice (DOJ), Record Review Unit, P. O. Box 903417, Sacramento, CA 94203-4170** stating you are requesting a copy of your **Rap Sheet** because you want to expunge your convictions. **Fax this request to fax no. (916) 227-1964.**

**STEP 3:** If your **Fee Waiver** is approved, the **DOJ** will send you a preprinted "**Request for Live Scan Service**" about 2 weeks later. Fill out the remainder of the "**Request for Live Scan Service**" and make 2 copies. The original is for the **DOJ**; the copies are for you and the **Live Scan** agency.

*If you do **not** receive the Request after 2 weeks, call the DOJ at (916) 227-3835 to make sure that your documents are being processed. Leave your full name and a telephone number in their voicemail so they can return your call.*

**STEP 4:** Take the preprinted "**Request for Live Scan Service**" forms and copies AND a valid California driver license, ID or passport to a local **Live Scan** site.

See attached list for locations near you. You should call the site in advance to verify hours of operation, fees and acceptable forms of payment.

**STEP 5:** The Police will process your "**Request for Live Scan Service**", fees and scan your fingerprints.

You should receive your **Rap Sheet** in 8 to 10 weeks.

**FBI Identification Record:** If you have a criminal history outside of California, you should also acquire your FBI Identification Record, which is a documentation of all of your criminal records nationally. Even if you only have a criminal history in California, it may be wise to review the FBI record for any errors or inconsistencies.

To acquire your FBI record, you must complete a cover letter, submit a fingerprint card, and include payment.

1. Complete the Application Information Form
2. Fingerprint Card: Get a set of your fingerprints (original card – no copies) with your name and date of birth on the card. Use the form attached to this document.
3. Include \$18 in the form of a money order, cashier's check, or credit card payment made payable to the Treasury of the United States, or by credit card. No cash, personal checks, or business checks will be accepted.
4. Mail to: FBI CJIS Division – Record Request | 1000 Custer Hollow Rd. | Clarksburg, WV 26306



### REQUEST FOR LIVE SCAN SERVICE (Record Review or Foreign Adoption)

#### Applicant Submission

\_\_\_\_\_ Type of Application (Check One Only)     Record Review     Foreign Adoption  
ORI (Code assigned by DOJ)

Reason for Application \_\_\_\_\_

#### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions) \_\_\_\_\_  
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 \_\_\_\_\_ Misc. Number (Other Identification Number) \_\_\_\_\_  
Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Level of Service:     DOJ Only

If re-submission, list original ATI number (Must provide proof of rejection): \_\_\_\_\_  
Original ATI Number

#### Foreign Government Embassy: (MANDATORY FOR FOREIGN ADOPTION REQUESTS ONLY)

Embassy Name \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ ZIP Code \_\_\_\_\_ Embassy Telephone Number (optional) \_\_\_\_\_

#### Live Scan Transaction Completed By:

Name of Operator _____	Date _____
Transmitting Agency _____	LSID _____
ATI Number _____	Amount Collected/Billed _____



**Kamala D. Harris**  
**Attorney General**

**State of California**  
**DEPARTMENT OF JUSTICE**

**BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION**

P.O. Box 903417  
 SACRAMENTO, CA 94203-4170

**RECORD REVIEW**  
**(Live-Scan)**

California Penal Code Sections 11120 through 11127 afford persons an opportunity to obtain a copy of their record, if any, contained in the files of the California Bureau of Criminal Information and Analysis and refute any erroneous or inaccurate information contained therein.

Beginning with live scan transactions submitted after April 6, 2006, the Department of Justice will only mail responses to the applicant.

**You may use the information you receive to answer questions regarding past criminal history, or to complete an application or questionnaire. However, this process is not to be used to obtain a copy of your record to furnish to another person or agency for immigration, visa, employment, licensing, or certification purposes (refer to California Penal Code Section 11125).**

GUIDELINES FOR COMPLETING  
 “REQUEST FOR LIVE SCAN SERVICE” FORM (BCIA RR8016)

CATEGORY	INSTRUCTION	COMMENT
1) Type of Application	Place a check mark or “X” in the Record Review Box	<b>This is mandatory field and must be completed.</b>
2) Reason for Application:	Write a brief explanation of why you need a copy of your criminal history record.	Examples of explanation: Personal Use, Verify Accuracy of Record, Update FBI record, Prison visit, to Fill Out an Application
3) Name of Applicant & Personal Descriptors:	Enter your full name, any known alias, date of birth, sex, height, weight, eye & hair color, place of birth, social security number, California driver’s license number.	<b>Name, date of birth, and sex are mandatory fields and must be provided.</b>  All others are optional
4) Applicant Address:	Enter your home address.	<b>This is mandatory field and must be completed.</b>
5) Daytime Telephone Number	Enter telephone number you can be reached at from 8:00am to 5:00pm. Please include the area code.	A telephone number is useful in helping to resolve problems which could result in a delay in the processing of your request

Contact your local Police Department or Sheriff’s Office regarding the availability of “Live-Scan” fingerprinting service, the fee charged by the agency for the taking of your fingerprints, and the types of payment they accept. A current listing of Live Scan sites offering electronic fingerprint services is available on the Attorney General’s website at:

<http://ag.ca.gov/fingerprints/publications/contact.htm>

**Go to the agency you have selected and have your fingerprints taken.** Your total costs will be \$25 plus the fingerprint rolling fee charged by the Live-Scan agency. You may also use the services of a private fingerprint service as long as the live-scan fingerprint technician is certified by the California Department of Justice.

If you have any further questions regarding the completion of the Request for Live Scan Service form (BCIA RR8016), contact the Record Review Unit at (916) 227-3835.

For inquiries regarding the status of your record review request, please contact us at (916) 227-3849.

# Fax

To: Record Review Unit,  
California Dept. of Justice

From:

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Fax: 916-227-1964

Pages: 4 (including cover)

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Re: Request for Fee Waiver

Date:

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Attention: Record Review Unit

Bureau of Criminal Identification and Information  
Attention: Record Review Unit  
P.O. Box 903417  
Sacramento, CA 94201-4170

Dear Record Review Unit,

Enclosed with this letter, please find a request for waiver of the fee for criminal history record and proof of public benefits.

Please send the Request for Live Scan form to the following address:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

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

Sincerely,



BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION  
P.O. BOX 903417  
SACRAMENTO, CA 94203-4170

APPLICATION AND DECLARATION FOR WAIVER OF FEE  
FOR OBTAINING CRIMINAL HISTORY RECORD

I, the undersigned, declare that I am unable to pay the fee to obtain a copy of my criminal history record without impairing my obligation to meet the common necessities of life.

I declare under the penalty of perjury that the forgoing is true and correct and was signed at \_\_\_\_\_, California, on \_\_\_\_\_, 20\_\_\_\_\_.

Attached is verification of proof of indigence as required by Penal Code Section 11123.

\_\_\_\_\_  
DECLARANT

*In order to have the \$25.00 processing fee waived, you must provide proof of indigence, such as:*

Letter from SSI or Social Security, showing amount of your grant or

Letter from Unemployment or Disability, showing amount of your grant or

Copy of a Medi-Cal card or Food Stamp card or

Copy of AFDC or General Assistance letter showing your monthly grant

and a signed Declaration of Indigence

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### APPLICANT INFORMATION FORM

**PRIVACY ACT STATEMENT**

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of criminal history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

**Applicant Information \* Denotes Required Fields**

*Last Name			
*First Name			
Middle Name 1			
Middle Name 2			
*Date of Birth			
Last Four Digits of Social Security Number			

**Applicant Home Address**

*Address			
*City		*State	
*Postal (Zip) Code			
*Country			
Phone Number			
E-Mail			

U.S. Citizen or Legal Permanent Resident      Yes       No

Country of Citizenship:       Country of Residence:

**Mail Results to Address**

C/O		ATTN	
Address			
City		State	
Postal (Zip) Code			
Phone Number (if different from above)			

**Payment Enclosed** (please check appropriate box)

CASHIER'S CHECK     
  MONEY ORDER     
  CREDIT CARD FORM

Number of Copies  X \$18 per Copy = Total Payment of \$  Enclosed

Reason for Request

\*APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*You may request a copy of your own identification record to review it or obtain a change, correction, or an update to the record.*

FEDERAL BUREAU OF INVESTIGATION  
 UNITED STATES DEPARTMENT OF JUSTICE  
 CJIS DIVISION/CLARKSBURG, WV 26306

## APPLICANT

### THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.\*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.\*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.\*\*
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy criminal and civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation.

Ensure all information is typed or legibly printed using blue or black ink.

Enter data within the boundaries of the designated field or block.

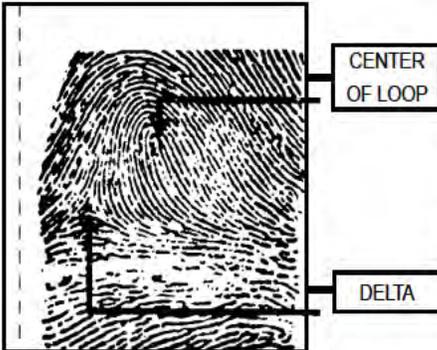
Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

- \* The required fields for hard copy fingerprint cards are: originating agency identifier number - date of birth - place of birth - name - sex fingerprint impressions - any applicable state stamp - Other (race, height, weight, eye color, hair color)

\* criminal fingerprint cards also require an arrest charge and date of arrest.

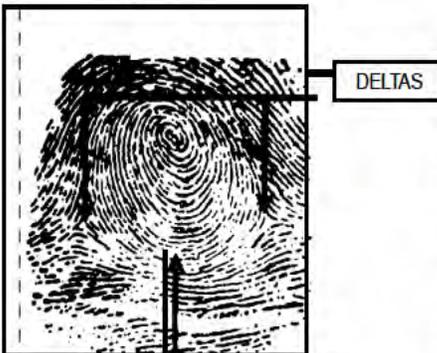
\* civil fingerprint cards also require a reason fingerprinted and date fingerprinted

### 1. LOOP



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

### 2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

### 3. ARCH



ARCHES HAVE NO DELTAS

Do not use highlighters on fingerprint cards.

Do not enter data or labels within 'Leave Blank' areas.

Ensure the 'Reply Desired' field is checked when applicable (criminal only).

Ensure fingerprint impressions are rolled completely from nail to nail.

Ensure fingerprint impressions are in the correct sequence.

Ensure notations are made for any missing fingerprint impression (i.e. amputation).

Do not use more than two retabs per fingerprint impression block.

Ensure no stray marks are within the fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: [fbi.gov](http://fbi.gov), click on 'Fingerprints', then click on 'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Identification and Investigative Services Section's Customer Service Group at (304) 625-5590 or by e-mail at [laison@leo.gov](mailto:laison@leo.gov).

### PRIVACY ACT STATEMENT

**Authority:** The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**Routine Uses:** The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

### INSTRUCTIONS:

1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
3. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.

\*\* MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. [FP], ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).



### Credit Card Payment Form

\* Denotes Required Fields

#### Applicant Name

\* Name

(as it appears on credit card)

Company Name (if applicable)

\* Billing Address

Billing Address 2

\* City

\* State/Province

\* Postal (ZIP) Code

\* Country

\* Credit Card #:

\* Expiration Date (MM/YYYY)

\* Total Amount To Be Billed To Credit Card \$

( x \$18 US Dollars Per Request)

\* Card Holder Signature \_\_\_\_\_

**No Charge Backs or Refunds  
All Sales Final**

## ***Did You Remember To.....?***

Please review and check the boxes below to ensure that you have included everything needed to process your request.

Include a **completed** application form.

Sign your application. *Note: If the request is for a couple, family, etc., all must sign the application.*

Include a **completed** fingerprint card. A completed fingerprint card includes the following:

1. Name
2. Date of Birth
3. Descriptive Data
4. All 10 rolled fingerprint impressions.
5. The plain impressions, including thumbs of both hands.
6. Current fingerprint card—no older than 18 months.

Include a cashier's check\*, money order, or credit card payment for **\$18.00** per request.

*Note: This amount must be **exact**.*

If paying by cashier's check or money order, make it payable to the Treasury of the United States.

If using a credit card, please ensure our credit card form is filled out completely.

***You must include the expiration date of the credit card that you are using.***

NOTE: Cash or Personal/Business Checks are Not an Accepted Form of Payment.
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**Include your contact information (for example, e-mail address, and telephone number) in case we need to contact you.**

\* A cashier's check is drawn by a bank on its own funds and signed by the bank's cashier.