

CALIFORNIA DEPARTMENT OF JUSTICE

Application for Authorization Pursuant to
Penal Code Section 11105.3

(Youth Organizations - Human Resource Agencies)



BUREAU OF CRIMINAL INFORMATION AND ANALYSIS

Mail Completed application
to:

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



BILLING ACCOUNT APPLICATION

Business/Agency Type:

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

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

Contributing Agency Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Federal Tax Identification Number*: _____

Social Security Number (Sole Proprietorship or Partnership)*: _____

* EITHER a Federal Tax Identification Number OR Social Security Number **must be** provided.

Authorized Representative: _____

Telephone Number: _____ Facsimile Number: _____

Electronic Mail Address: _____

I, the undersigned, have the authority to conduct business for the business/agency listed above. I confirm that all the information on this application is true and correct. I give my permission to the Department of Justice (DOJ) to research and confirm all information provided and to request a credit report at any time. I understand this is an agreement to pay the processing fees associated with the electronic transmission of State and/or Federal criminal offender record information requests, including fees incurred by duplicate transmissions or other errors on the part of the above business/agency or its representative(s). Failure to remit payment in a timely manner may result in the DOJ utilizing all information provided on this billing account application for collection purposes. I agree to the terms of this agreement and understand it will remain in effect until written cancellation is provided by either party with 30 days notice.

Signature _____

Printed Name _____

Title _____

Date _____

DOJ Use Only

Input by: _____ Account #: _____ Received Date: _____

Input Date: _____ ORI #: _____ ACN #: _____