


<p>California Department of Justice CALIFORNIA JUSTICE INFORMATION SERVICES DIVISION Gary Cooper, Director</p> 	<h1>INFORMATION BULLETIN</h1>	
<p><i>Subject:</i> Process for Requesting a Name Check for Persons Unable to Submit Fingerprints</p>	<p><i>No.</i> 08-05-BCII</p> <p><i>Date:</i> 07-18-08</p>	<p><i>Contact for information:</i> Applicant Information Section 916-227-3823</p>

TO: ALL CALIFORNIA APPLICANT PROCESSING AGENCIES

California Penal Code section 11105.7 allows the Department of Justice (DOJ) to conduct a non-fingerprint based name check for employment, certification or licensing when DOJ determines the person is unable to provide legible fingerprints.

Under normal circumstances, a person's fingerprints must be rejected twice due to poor quality before DOJ will conduct a name check. There are many individuals however, such as amputees, who are physically incapable of providing any images (legible or not). For those individuals, DOJ has implemented a process to conduct a name check upon receipt of verification of the person's inability to provide fingerprints.

To standardize the process, the attached form BCII 9010 was developed. The BCII 9010 may **be used only when the applicant cannot provide any fingerprint images at all**. The form is available on the Attorney General's website at: <http://ag.ca.gov/fingerprints/agencies.php> in an Americans with Disabilities Act-compliant format that may be completed and printed.

After completing all the requested information on the form, **the applicant must take the form to a law enforcement agency**. The law enforcement official will verify that the individual cannot be fingerprinted. The form submitted to DOJ must have the original signature of the law enforcement official. Failure to have a law enforcement official verify the individual's inability to provide fingerprint images will result in the applicant agency being notified of DOJ's denial of the request.

Law Enforcement Agencies: The Department of Justice is asking that you please confirm the individual's identity, complete and sign the bottom portion of the form. Return the completed form to the applicant so that he or she can complete the process.

If you have any questions, please contact the Applicant Information Section at 916-227-3823.

Sincerely,

GARY COOPER, Director
California Justice Information Services Division

For EDMUND G. BROWN JR.
Attorney General

REQUEST FOR DOJ NAME CHECK

(Per Penal Code Section 11105.7)

BCII 9010 (orig. 6/08)

California Department of Justice
Bureau of Criminal Identification and Information
Applicant Processing Program
P.O. Box 903417
Sacramento, CA 94203-4170

This form is only to be used to request a name check if the applicant is unable to provide any fingerprint images at all. If the applicant can provide one or more fingerprint images, regardless of quality, he or she must do so.

INSTRUCTIONS: Please type or print clearly all information, then take to a law enforcement agency for verification, along with valid photo identification. Illegible or incomplete information may result in processing delays or denial of your request. Once verified and signed by law enforcement, mail this form, along with appropriate fees, to the above address. If this request is denied, the applicant agency will be notified.

APPLICANT'S NAME:

_____ LAST _____ FIRST _____ MIDDLE

APPLICANT'S ADDRESS:

_____ STREET _____ CITY _____ STATE _____ ZIP
CODE

PERSONAL DESCRIPTORS: Aliases:

_____ Date of Birth (DOB): _____ US Citizen (CTZ): (Yes/No) California Driver's License No. (CDL): _____

_____ Armed Forces No. (MNU): _____ Social Security No. (SSN): _____ Miscellaneous No. (MNU): _____

_____ Sex: ___ Male ___ Female HGT: _____ WGT: _____ EYES: _____ HAIR: _____ Place of Birth (POB): _____

BASIS FOR INABILITY TO PROVIDE FINGERPRINTS (Per Penal Code Section 11105.7):

_____ Missing both hands or all ten fingers

_____ Other (Please explain and be very specific. Lack of specificity may result in denial of request.)

APPLICANT AGENCY NAME: _____ LEVEL OF SERVICE: _____ DOJ

AGENCY ADDRESS: _____ FBI

APPLICANT AGENCY ORI: _____ AGENCY BILLING NO. (BIL): _____

YOUR NO. (OCA): _____ AGENCY MAIL CODE: _____

REASON FOR BACKGROUND CHECK (APPLICANT TYPE & TITLE): _____

LAW ENFORCEMENT VERIFICATION (MUST BE COMPLETED BY A LAW ENFORCEMENT OFFICIAL):

I certify that the above-named applicant has appeared before me; he/she has presented valid photo identification; and I have visually confirmed his/her inability to provide fingerprint impressions for the reason indicated above.

SIGNATURE OF LAW ENFORCEMENT OFFICIAL: _____ DATE: _____

PRINTED NAME AND TITLE OF LAW ENFORCEMENT OFFICIAL: _____ BADGE NO. _____

NAME OF LAW ENFORCEMENT AGENCY: _____

ADDRESS OF LAW ENFORCEMENT AGENCY: _____