



## CONTRACT FOR SUBSEQUENT ARREST NOTIFICATION SERVICE

Department of Justice  
Bureau of Criminal Information and Analysis  
P.O. Box 903417  
Sacramento, CA 94203-4170

The agency listed below is authorized to receive state summary criminal history information from the files of the Department of Justice (DOJ) for employment, licensing, or certification purposes. This agency further requests that fingerprint transactions submitted for this purpose be retained in DOJ's files for **California only** subsequent arrest notification service pursuant to section 11105.2 of the California Penal Code. **Fingerprint submissions received before the effective date of this contract will not be retained by the California Department of Justice.**

AGENCY NAME: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ORI NUMBER: (If Applicable) \_\_\_\_\_

CONTACT PERSON(S): \_\_\_\_\_

CONTACT PERSON(S) TELEPHONE: \_\_\_\_\_

**Please retain the following authorized categories:**

ALL EMPLOYEES                       ALL VOLUNTEERS

ALL LICENSES, CERTIFICATIONS, OR PERMITS

OTHER: (specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This agency certifies that, to its knowledge, there is no statute or regulation prohibiting this notification and that all requirements for criminal record security and privacy of individuals will be met. This agency will notify the Bureau of Criminal Information and Analysis when it no longer has a legitimate interest in a subject, as required by section 11105.2 of the California Penal Code. The agency agrees to immediately return any subsequent arrest notification received from DOJ for any person unknown to the agency.

\_\_\_\_\_  
Signature of Agency Representative                      Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title of Agency Representative

FOR DOJ USE ONLY:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Authorized
_____ Signature of DOJ Representative	
_____ Effective Date	