

# 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 #: \_\_\_\_\_