

Planning and Building Agency  
 Planning Division  
 20 Civic Center Plaza  
 P.O. Box 1988 (M-20)  
 Santa Ana, CA 92702  
 (714) 647-5804  
 www.santa-ana.org

2023



## Commercial Cannabis Business Binder Checklist Requirements

| Circle all that apply: Retail, Distribution, Manufacturing, Cultivation, Testing Laboratory       |                         |
|---|-------------------------|
| Circle all that apply: New/Renewal/Ownership Change   |                         |
| Business Name: _____  | Business Address: _____ |
| <i>Document</i>   | <i>Complete/Pending</i> |
| <b>Binder Section 1</b>   |                         |
| Regulatory Safety Permit (RSP)*   |                         |
| Approval Letter*  |                         |
| Copy of State License(s) **   |                         |
| <b>Binder Section 2</b>   |                         |
| RSP Application Checklist (Application Pages 1 to 3)  |                         |
| RSP Application (Application Pages 4 to 6)  |                         |
| Fictitious Business Name (DBA), if applicable.  |                         |
| Issued Certificate of Occupancy (COO) Copy*   |                         |
| <b>Binder Section 3</b>   |                         |
| Site and Floor Plans – New business unless changes on renewal                                     |                         |
| Exterior and Interior Photos  |                         |
| <b>Binder Section 4</b>   |                         |
| Site Control Documentation (Lease or Title)   |                         |
| Property Owner/Landlord Use Disclosure Affidavit and Notary Statement (Application Pages 7 and 8) |                         |
| Commercial Cannabis Operating Standards Acknowledgement Form (Application Page 9)                 |                         |
| <b>Binder Section 5</b>   |                         |
| Articles of Incorporation or Organization   |                         |
| Bylaws/Operating Agreement  |                         |
| California Statement of Information   |                         |
| California Department of Tax and Fee Administration Seller's Permit                               |                         |
| <b>Binder Section 6</b>   |                         |
| Live Scan for Owners  |                         |
| Current Employee List and Contact Information   |                         |
| <b>Binder Section 7</b>   |                         |
| Security Guard Copy of Current Business License.  |                         |
| Current Alarm Company Copy of Current Business License.   |                         |
| Labor Peace Agreement (LPA) Copy- Not required on renewals  |                         |
| Filtration Maintenance Schedule (when systems will be cleaned)                                    |                         |
| Santa Ana Business License Copy   |                         |
| <b>Binder 8</b>   |                         |
| Community Benefits, Sustainable Business practices, and Social Equity Plan.                       |                         |
| *Provided by the City ** Applies to renewal RSP applications                                      |                         |

Note: This is not a Regulatory Safety Permit (RSP) to legally operate a Commercial Cannabis Business. DO NOT OPERATE unless a valid Permit is issued. All application materials are public record.



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Commercial Cannabis **Phase 2/**  
 Regulatory Safety Permit (RSP)  
 Application

*This application is a public record.*

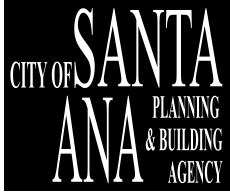
### Submittal Checklist

Submittals require **one (1) USB flash drive and one (1) printed binder** with eight section tabs. Please email [Cannabis@santa-ana.org](mailto:Cannabis@santa-ana.org) to schedule an appointment to submit **in person** to 20 Civic Center Plaza (1st Floor, Ross Annex). All documents **must be formatted to letter size** (8.5 by 11-inch) sheets on the USB flash drive.

The following are the submittal items necessary for a Commercial Cannabis Business Phase 2/Regulatory Safety Permit (RSP) Application. The items are required for new or change of ownership applications. In order for your application to be deemed complete and entered into the permit database, all items referenced below must be submitted. Please e-mail the City at [cannabis@santa-ana.org](mailto:cannabis@santa-ana.org) should you have any questions regarding the submittal requirements or need additional information.

| Item  | Date Submitted                   |
|---|----------------------------------|
| <b>Printed Binder of Application Components.</b> All applications and materials must be assembled into a three ring binder. The binder must have seven separate section tabs. See the Commercial Cannabis Business Binder Requirements table at the end of this packet.   |                                  |
| <b>USB Drive.</b> All of the documents below must be formatted to letter size (8.5 by 11-inch) sheets on the USB flash drive. The files must be organized in file folders labeled Section 1 through 8 and files labeled within each folder as listed in the title below in bold.  |                                  |
| <b>Regulatory Safety Permit Application.</b> The Regulatory Safety Permit (RSP) Application is included in this packet.   |                                  |
| <b>Preliminary Site and Floor Plans.</b> Plans should be prepared by an architect, engineer, or draftsman and should show a basic site and floor plan with the proposed layout of the business. (Note: Detailed structural, electrical, mechanical, plumbing, and disabled access compliance pursuant to Title 24 of the State of California Code of Regulations and the Americans with Disabilities Act will be required for Building plan check.) |                                  |
| <b>Site and Building Photographs.</b> Please submit <i>digital</i> color photographs of the property's exterior and interior, including entrances, exits, street frontages, parking, all sides of the property, and interior areas.   |                                  |
| <b>Site Control Documentation.</b> If the property is being rented or is owned by the commercial cannabis business applicant(s)/owner(s), documentation indicated lease or title must be submitted.   | Not required until RSP approved. |

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| Item   | Date Submitted |
|--|----------------|
| <b>Business Structure.</b> If the Business is a corporation, submit a certified copy of the Business' Secretary of State Articles of Incorporation, Certificate(s) of Amendment, Statement(s) of Information and a copy of the Collective's Bylaws. If the Commercial Cannabis Business is an unincorporated association, submit a copy of the Articles of Association.                                |                |
| <b>Commercial Cannabis Operating Standards Acknowledgement Form.</b> A copy of the Commercial Cannabis Business Operating Standards Acknowledgement Form with a signed statement by the responsible party on-site stating under penalty of perjury, that they read, understand and shall ensure compliance with the aforementioned operating standards. A copy of the form is included in this packet. |                |
| <b>Submittal Fee.</b> The submittal fee is payable in cashier's check, money order, or personal checks. <i>Credit cards will not be accepted.</i>  |                |

| <b>Additional Items Required After Submittal of the Above-Listed Items</b>   |  |
|--|--|
| <b>Construction Drawings for Plan Check.</b> Detailed structural, electrical, mechanical, plumbing, and disabled access compliance pursuant to Title 24 of the State of California Code of Regulations and the Americans with Disabilities Act will be required for Building plan check. <b>A RSP will not be issued until all required plan check, tenant improvements, and inspections are complete.</b> <i>Not required for change of ownership applications, unless improvements are proposed.</i> | Preliminary final drawings required when tenant improvement completed. |
| <b>Odor Control and Ventilation.</b> Submit documentation of all odor control and ventilation equipment, mechanisms, devices, etc. including how often they will be changed/cleaned.   |  |
| <b>Business License, Seller's Permit, and County of Orange "Doing Business As" (DBA).</b> All commercial cannabis businesses must obtain any required business license(s) prior to opening. Business License forms and applications are available at City Hall.  |  |
| <b>Badge Requirement Retail sales-</b> Badges shall be worn by any individuals as required to do so pursuant to the California Code of Regulations, Title 4, Section 15043 and California Business and Professions Code Section 7582.28, as amended from time to time. SAMC I. iv.5 (o).   |  |

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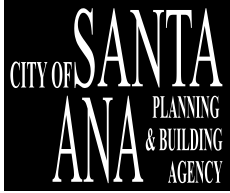


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|   |  |
|---|--|
| <p><b>Individual Information List - SAMC 40-8 3. I. (s)</b> The commercial cannabis business shall provide the name and phone number of an on-site staff person to the Code Enforcement Division of the Planning and Building Agency for notification if there are operational problems with the establishment. Submit a list of all owners, managers, employees, security personnel, and/or volunteers affiliated with the business.</p>   | <p>Required prior to RSP issuance.</p> |
| <p><b>Owner Information.</b> SAMC 40-2 (6) "Business owner" means any of the following: (a) A person with an aggregate ownership interest of twenty (20) percent or more in the person applying for a license or a licensee, unless the interest is solely a security, lien, or encumbrance. (b) The chief executive officer of a nonprofit or other entity. (c) A member of the board of directors of a nonprofit. (d) An individual who will be participating in the direction, control, or management of the person applying for a license.</p> <p>Submit: 1. A completed Cannabis Individual application 2. Proof of live scan request form(s). Please use the Request for Live Scan Service form included in this packet, and also available online at <a href="http://www.santa-ana.org/documents/commercial-cannabis-business-phase-2-regulatory-safety-permit/">www.santa-ana.org/documents/commercial-cannabis-business-phase-2-regulatory-safety-permit/</a> 3. A fully legible color copy of one valid government-issued form of photo identification. Once all documents have been completed, please submit them to <a href="mailto:cannabislivescan@santa-ana.org">cannabislivescan@santa-ana.org</a>.</p> |  |
| <p><b>Labor Peace Agreement.</b> For any commercial cannabis business with two (2) or more employees, the business owner shall attest that he/she has entered into a legally binding agreement with a bona fide labor organization and provide a copy of the agreement to the City.</p>   |  |
| <p><b>Update/Finalize Printed Binder and USB of Application Components.</b> Prior to scheduling the required final Planning and Code Enforcement Division inspections, the <i>final</i> version of all documents, plans, finished site photos, and any other items that have been updated since the time of the initial submittal must be provided for the final binder and USB files.</p>  |  |

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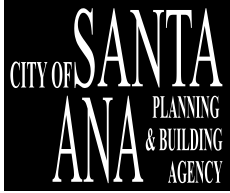
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**Regulatory Safety Permit Application**

- I. Type (new or change of ownership): \_\_\_\_\_
- II. Business Information
  - a. Commercial Cannabis Business Name: \_\_\_\_\_
  - b. Commercial Cannabis Business DBA: \_\_\_\_\_
  - c. Entity name used on Phase 1 Application: \_\_\_\_\_
  - d. Type of business entity: \_\_\_\_\_
  - e. Business Address: \_\_\_\_\_
  - f. Type(s) of commercial cannabis business activities proposed (as indicated on the Phase 1/Registration Application): \_\_\_\_\_
- III. Mailing Information
  - a. If same as above, please indicate here: \_\_\_\_\_
  - b. Mailing Address Line 1: \_\_\_\_\_
  - c. Mailing Address Line 2: \_\_\_\_\_
  - d. Mailing City, State, Zip: \_\_\_\_\_
- IV. Contact Information
  - a. Name: \_\_\_\_\_
  - b. Email Address: \_\_\_\_\_
  - c. Phone Number: \_\_\_\_\_
  - d. Website: \_\_\_\_\_
  - e. Fax Number: \_\_\_\_\_
- V. Employee Information
  - a. Number of Employees, Managers, Volunteers, etc.: \_\_\_\_\_
- VI. Current Agent for Service Process
  - a. Name: \_\_\_\_\_
  - b. Email Address: \_\_\_\_\_
  - c. Phone Number: \_\_\_\_\_
  - d. Agent Address Line 1: \_\_\_\_\_
  - e. Agent Address Line 2: \_\_\_\_\_
  - f. Agent City, State, Zip: \_\_\_\_\_

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**Regulatory Safety Permit Application**

VII. Ownership Information

*All individuals identified as controlling members of the Commercial Cannabis Business must complete the "Owner Information" section. Use additional copies of this form for additional controlling members, if necessary.*

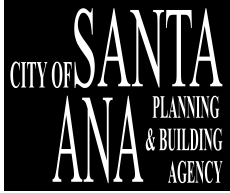
- a. Full Name: \_\_\_\_\_
- b. Email Address: \_\_\_\_\_
- c. Phone Number: \_\_\_\_\_
- d. Agent's Address: \_\_\_\_\_
- e. Date of Birth: \_\_\_\_\_
- f. Driver's License Number and State: \_\_\_\_\_
- g. Social Security Number: \_\_\_\_\_

VIII. Other Information

- a. Have you been denied or had revoked a regulatory safety permit or similar in the last five (5) years in the City of Santa Ana or any other city located in or out of California? \_\_\_\_\_
- b. Have you ever been convicted of, or plead guilty/no-contest to a felony or misdemeanor drug charge within the past four (4) years? \_\_\_\_\_
- c. Is the property at which you propose to operate associated with or controlled by an association or regulatory CC&R's? If the answer is 'yes', you are required to submit a letter from the association acknowledging your proposed use of the property as a Commercial Cannabis Business is authorized and consistent with the applicable CC&R's. \_\_\_\_\_

*Note: If answering 'yes' to any of the above questions, describe on a separate piece of paper the circumstances, date, city, or county, and nature of incidents or charges applicable. Use extra pages if necessary.*

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**Regulatory Safety Permit Application**

I represent and warrant that by my signature below, I have, or will have, the power, authority, and right to bind and represent the applicant, business, non-profit or not for profit entity listed in this application and I certify under penalty of perjury that the foregoing information is true and correct. I understand that if any information in this application is deemed to be false or misleading, it will result in automatic rejection of the application without a refund of the application fee.

Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Executed on (date): \_\_\_\_\_ in (write location): \_\_\_\_\_.

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**Cannabis Use Disclosure/Submittal Affidavit**

Property Address: \_\_\_\_\_

Assessor's Parcel Number(s) : \_\_\_\_\_

Total Square Footage of Leased Area: \_\_\_\_\_

Business Name: \_\_\_\_\_

I, as current legal owner, landlord, or lessor of the property identified above and in the attached application(s), acknowledge the submittal of the above application(s). I authorize the commercial cannabis business referenced above to use this property as a Commercial Cannabis Business, as those terms are defined in Chapters 18 and 40 of the Santa Ana Municipal Code, should this Commercial Cannabis Business be selected and approved by the City of Santa Ana for a Regulatory Safety Permit. I further understand that I am responsible for, and also subject to, enforcement actions regarding any violations and/or nuisance activity which may occur at this property. I certify that the information contained in the application package is true and correct to the best of my knowledge.

Recorded Property Owner Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Recorded Property Owner Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Recorded Property Owner Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

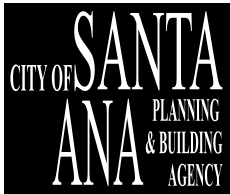
I certify under penalty of perjury that the foregoing information is true and correct.

Executed on (date): \_\_\_\_\_ in (write location): \_\_\_\_\_.

*Note: An original signature is required on this form as part of the application. An agent for the property owner may sign the application provided that a signed original letter of authorization from the property owner accompanies this affidavit.*

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**Sample Notary Format**

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
 County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_,  
*Date Here Insert Name and Title of the Officer*

personally appeared \_\_\_\_\_  
*Name(s) of Signer(s)*

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.

Signature \_\_\_\_\_  
*Signature of Notary Public*

*Place Notary Seal Above*

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

|  |  |
|--|--|
| Signer's Name: _____   | Signer's Name: _____   |
| <input type="checkbox"/> Corporate Officer — Title(s): _____   | <input type="checkbox"/> Corporate Officer — Title(s): _____   |
| <input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General | <input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General |
| <input type="checkbox"/> Individual <input type="checkbox"/> Attorney in Fact                        | <input type="checkbox"/> Individual <input type="checkbox"/> Attorney in Fact                        |
| <input type="checkbox"/> Trustee <input type="checkbox"/> Guardian or Conservator                    | <input type="checkbox"/> Trustee <input type="checkbox"/> Guardian or Conservator                    |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Other: _____  |
| Signer Is Representing: _____  | Signer Is Representing: _____  |

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**Commercial Cannabis Operating Standards Acknowledgement Form**

We, the property owner and commercial cannabis business operator listed below, collectively acknowledge that we have read, understand, and agree to abide by all applicable commercial cannabis business operating standards listed the Santa Ana Municipal Code, as well as any other Code sections applicable to the construction and operation of a commercial cannabis business in the State of California, in the County of Orange, and in the City of Santa Ana.

Commercial Cannabis Business Name: \_\_\_\_\_

Commercial Cannabis Business DBA: \_\_\_\_\_

Entity name used on Phase 1 Application: \_\_\_\_\_

Business Address Line 1: \_\_\_\_\_

Business Address Line 2: \_\_\_\_\_

Type(s) of commercial cannabis business activities proposed (as indicated on the Phase 1/Registration Application): \_\_\_\_\_

Total Square Footage of Leased Area: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Commercial Cannabis Business Owner Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Executed on (date): \_\_\_\_\_ in (write location): \_\_\_\_\_.

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## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

CA0301900

ORI (Code assigned by DOJ)

LICENSE CERT. OR PERMIT

Authorized Applicant Type

REGISTRATION APP. FOR RSP

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

SANTA ANA POLICE DEPARTMENT

Agency Authorized to Receive Criminal Record Information

A09680

Mail Code (five-digit code assigned by DOJ)

60 CIVIC CENTER PLAZA

Street Address or P.O. Box

YVETTE PORTUGAL

Contact Name (mandatory for all school submissions)

SANTA ANA

City

CA

State

92702

ZIP Code

(714) 667-2701

Contact Telephone Number

### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Sex  Male  Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.

Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



## REQUEST FOR LIVE SCAN SERVICE

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

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



## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Act Statement

**Authority.** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose.** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses.** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



## REQUEST FOR LIVE SCAN SERVICE

### Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b)

<sup>4</sup> See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)