

IDENTITY THEFT: Application for Registration as Victim

Complete form carefully and completely. Type or print neatly. All information is **mandatory** unless noted otherwise. If you have any questions, please call toll free: 1 (888) 880-0240.

1. FULL NAME AND MAILING ADDRESS				2. RETURN TO: CALIFORNIA DEPARTMENT OF JUSTICE P.O. BOX 903417 SACRAMENTO CA 94203-4170 ATT: IDENTITY THEFT REGISTRY (G-210)			
3. FINGERPRINTING							
9 LiveScan			S Date Printed _____		9 10-Print Card Enclosed		
4. MAIDEN NAME/ALIASES							
5. SEX		6. BIRTH DATE		7. HEIGHT		8. WEIGHT	
9 M 9 F							
9. EYES		10. HAIR		11. BIRTHPLACE		12. SOCIAL SECURITY NUMBER (OPTIONAL)	
						13. DRIVER LICENSE NUMBER	
14. ORDER PURSUANT TO SEC. 530.5(c) P.C.							
9 Yes 9 No		Court Name / Location				Date	
15. ORDER PURSUANT TO SEC. 530.6(b) P.C.							
9 Yes 9 No		Court Name / Location				Date	
16. ORDER OF FACTUAL INNOCENCE—CASE NO.							
9 Yes 9 No		Court Name / Location				Date	
I certify that the information given here is true and accurate and provided to facilitate my entry in the Identity Theft Victim Registry maintained by the California Department of Justice as outlined in California Penal Code section 530.7							
17. SIGNATURE						18. DATE	
19. HOME PHONE			20. WORK PHONE			21. PASSWORD	
()			()			. 222222222-	
22. QUESTION/ANSWER KNOWN ONLY TO YOU:							
23. DESIGNATED RELEASE AUTHORIZATIONS							
Authorization #1				Authorization #2			
NAME OF COMPANY OR INDIVIDUAL				NAME OF COMPANY OR INDIVIDUAL			
STREET ADDRESS OR PO BOX				STREET ADDRESS OR PO BOX			
CITY, STATE, ZIP				CITY, STATE, ZIP			
CONTACT PERSON		PHONE		CONTACT PERSON		PHONE	
Authorization #3				Authorization #4			
NAME OF COMPANY OR INDIVIDUAL				NAME OF COMPANY OR INDIVIDUAL			
STREET ADDRESS OR PO BOX				STREET ADDRESS OR PO BOX			
CITY, STATE, ZIP				CITY, STATE, ZIP			
CONTACT PERSON		PHONE		CONTACT PERSON		PHONE	
DOJ USE ONLY:		ENTRY DATE/ INITIALS		VERIFICATION DATE/INITIALS			

**GUIDELINES FOR COMPLETING
IDENTITY THEFT: APPLICATION FOR REGISTRATION AS VICTIM
FORM**

1. **FULL NAME AND MAILING ADDRESS:** If already filled in by DOJ, proofread this box carefully and make any corrections. "NMI" means "No Middle Name".
2. **RETURN TO:** Already completed by DOJ. Mail completed packet to this address.
3. **FINGERPRINTING:** If you are fingerprinted electronically at a LiveScan site, they will send the information directly to DOJ. Check the "LiveScan" box and write in the date that you were printed. If you are unable to go to a LiveScan site and must be fingerprinted in ink, you must attach the card to this form and check the "10-Print Card Enclosed" box.
4. **MAIDEN NAME/ALIASES:** Please list all names you have used. This includes Maiden Name, former married names, etc.
5. **SEX:** Check box for Male (M) or Female (F).
6. **BIRTHDATE:** Month, Day, Year of your birth.
7. **HEIGHT:** Height in feet and inches to nearest inch.
8. **WEIGHT:** Weight in pounds to nearest whole number.
9. **EYES:** Color of eyes.
10. **HAIR:** Color of hair.
11. **BIRTHPLACE:** If born in the United States, Mexico, or Canada, write in the name of the state or province. If born in a country other than the United States, Mexico, or Canada, write in the name of the country only.
12. **SOCIAL SECURITY NUMBER:** *(Optional)*
13. **DRIVER LICENSE NUMBER:** California Driver License or DMV-issued identification, or Military Driver License.
14. **ORDER PURSUANT TO SECTION 530.5(C) PC:** If you have obtained a court order under this Penal Code section, check the "Yes" box and write in the name of the court and the date of the order. If you have not obtained a court order under this Penal Code section, check the "No" box.
15. **ORDER PURSUANT TO SECTION 530.6 (B) PC:** If you have obtained a court order under this Penal Code Section, check the "Yes" box and write in the name of the court and

the date of the order. If you have not obtained a court order under this Penal Code section, check the “No” box.

16. **ORDER OF FACTUAL INNOCENCE PURSUANT TO SECTION 851.8 PC:** If you have obtained an Order of Factual Innocence, check the “Yes” box and write in the name of the court and the date of the order. If you have not obtained a court order under this Penal Code section, check the “No” box.
17. **SIGNATURE:** Your signature.
18. **DATE:** Date you completed and sent in this form.
19. **HOME PHONE:** Your home phone number including Area Code.
20. **WORK PHONE:** (*Optional*) Your work phone number including Area Code.
21. **PASSWORD:** Password you create to identify you when you contact DOJ in the future to change information or add Designated Release Authorizations. You must use at least six and no more than ten characters - letters and numbers, capitals and lower case. No spaces or special characters (!@#%&*+) are allowed.
22. **QUESTION/ANSWER KNOWN ONLY TO YOU:** Additional verification for DOJ to identify you. You must create a short (no more than 45 characters) question and answer that should only be known to you. For example: “*What is my favorite hobby?*” - “*Snowboarding*” or “*What is my favorite movie?*” - “*BackDraft*”.
23. **DESIGNATED RELEASE AUTHORIZATIONS:** Any company or individual that you designate and authorize the DOJ to verify your registration status as a victim of identity theft in the DOJ data base. DOJ will mail certified letters to you and your designees once you are registered. If you wish to make any changes to your personal data or your designated release authorizations, you may do so at any time by calling or writing to the DOJ. Designees may call to verify your status at any time.