

**TYPE OR PRINT ALL INFORMATION  
DO NOT FOLD  
APPLICATION FOR EMPLOYMENT**

**APPLICATION FOR  
LICENSE, PERMIT  
OR CERTIFICATION**

**APPLICATION FOR:**

- LICENSE
- PERMIT
- CERTIFICATION
- CCW LICENSE
- OTHER (SPECIFY)

LICENSE-PERMIT-CERTIFICATION TITLE:

- PEACE OFFICER (830 PC)
- CRIMINAL JUSTICE EMPLOYEE
- STATE EMPLOYEE
- CITY/COUNTY EMPLOYEE
- SCHOOL EMPLOYEE
- OTHER EMPLOYEE

THIS EMPLOYMENT  
TITLE IS EXEMPT FROM  
THE PROVISIONS OF  
SECTION 432.7 OF THE  
CALIF. LABOR CODE  
PLEASE CITE STATUTE  
OR OTHER REASON FOR  
EXEMPTION.

POSITION TITLE:

AGENCY AND ADDRESS:

(NOTE: TO INSURE CORRECT MAILING, THE  
ABOVE INFORMATION MUST BE COMPLETED)

**PERSONAL INFORMATION**

APPLICANT'S RESIDENCE ADDRESS:

State of California  
Department of Justice  
Bureau of Criminal Identification  
P.O. Box 903417  
Sacramento, CA 94203-4170

**iDenticator**

4051 Glencoe Avenue, Marina del Rey, CA 90292  
(310) 305-8181 FAX (310) 578-1910 Printed U.S.A.

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