

## REQUEST FOR EXEMPTION FROM MANDATORY ELECTRONIC FINGERPRINT SUBMISSION REQUIREMENT

Bureau of Criminal Identification and Analysis P.O. Box 90341 Sacramento, CA 94203-4170 Bureau of Criminal Identification and Information Services P.O. Box 160447, Room G110 Sacramento, CA 95816

APPLICANT INSTRUCTIONS: Please type or print clearly all information. Illegible or incomplete information may result in processing delays or denial of your request. Mail this form, together with your fingerprint card(s) (FD258), to the above address.  APPLICANT'S NAME:					
					LAST
APPLICANT'S ADDR	ESS:				
STREET	CITY	COUNTY	STATE	ZIP CODE	
BASIS FOR EXEMPT	ION:				
1. NO REGION	NAL ACCESS TO FINGER	RPRINTING SERVICES:			
	ectronic Fingerprint Site ca.gov/fingerprints/publica	e: (Refer to public sites listed or ations/contact.htm)	ા the Attorney General'ક	s website	
BUSINESS	NAME	ADDRESS	;		
2.   OTHER (exp	olain):				
	Penal Code section 1107 ent. I certify that the forego	77.1(b), I request an exemption oing is true and correct.	from the mandatory ele	ctronic fingerprint	
APPLICANT'S SIGN	NATURE	DATE			
fingerprint card(s) in or		equest and determine whether a for criminal offender record info			