



## ARSON REGISTRATION / CHANGE OF ADDRESS

### California Penal Code (Pen. Code) section (§) 457.1

**PLEASE FOLLOW THESE IMPORTANT PROCESSING INSTRUCTIONS:**

- For convictions or adjudications of arson (Pen. Code, §§ 451, 451.5, or 453) and attempted arson (includes, but is not limited to, Pen. Code, § 455).
- Print or type required information.
- Submit a current photograph of the registrant.
- Photographs must be electronically submitted using the Department of Justice (DOJ) Image System (<https://calphoto.ext.doj.ca.gov/>).
- Have the registrant read and initial the registration requirements on page two of this form.
- Verify the registrant understands the requirements.
- Provide a copy of this form to the person registering/updating registration.

<b>REASON FOR REGISTRATION (More than one box can be checked):</b> <input type="checkbox"/> CHANGE OF ADDRESS <input type="checkbox"/> OTHER (e.g., Initial, Additional Address)													
<b>REGISTRATION EVENT (More than one box can be checked):</b>													
<input type="checkbox"/> INITIAL (1st 8102A in Registry) <ul style="list-style-type: none"> <li><input type="checkbox"/> Residence</li> <li><input type="checkbox"/> Campus (Attending, Employed, Volunteer)</li> <li><input type="checkbox"/> Transient</li> </ul>				<b>REGISTRANT HAS MOVED/CHANGE OF ADDRESS</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> INTO JURISDICTION</li> <li><input type="checkbox"/> WITHIN JURISDICTION</li> <li><input type="checkbox"/> OUT OF JURISDICTION</li> <li><input type="checkbox"/> OUT OF STATE</li> </ul> <small>NOTE - If registrant has more than one registered address, list address registrant is vacating in the space below:</small>				<input type="checkbox"/> ABSCONDED (LEA has verified whereabouts unknown)					
<input type="checkbox"/> CAMPUS (Attending, Employed, Volunteer)								If the registrant is <b>DECEASED</b> , do not complete this form. To update a registrant to <b>DECEASED</b> status, complete and submit form <b>CJIS 8086B</b> .					
<input type="checkbox"/> DEPORTATION													
<input type="checkbox"/> INCARCERATION <ul style="list-style-type: none"> <li><input type="checkbox"/> LOCAL <input type="checkbox"/> CDCR <input type="checkbox"/> DJJ <input type="checkbox"/> DSH/DDS</li> </ul> Local INC Date: _____													
NAME OF REGISTRANT Last			First			Middle			Suffix				
ALIASES			DATE OF BIRTH		CII NUMBER (SID)		DRIVER'S LICENSE/ID NUMBER		STATE	EXPIRATION DATE			
FCN NUMBER		SOCIAL SECURITY NUMBER			INSTITUTION NUMBER (CDCR, DJJ, or DSH)			FBI NUMBER					
SEX	RACE	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT	PLACE OF BIRTH							
SCARS, MARKS, TATTOOS, AND OTHER CHARACTERISTICS 1			LOCATION		DESCRIPTION		PICTURE	TEXT					
SCARS, MARKS, TATTOOS, AND OTHER CHARACTERISTICS 2			LOCATION		DESCRIPTION		PICTURE	TEXT					
SCARS, MARKS, TATTOOS, AND OTHER CHARACTERISTICS 3			LOCATION		DESCRIPTION		PICTURE	TEXT					
HOME PHONE NUMBER			WORK PHONE NUMBER			CELLULAR PHONE NUMBER			ORIGINATING AGENCY CASE NUMBER (OCA)				
ADDRESS					APT/UNIT NUMBER	CITY			STATE	ZIP CODE			
<input type="checkbox"/> TRANSIENT	LOCATION(S) FREQUENTED BY TRANSIENT												
CAMPUS REGISTRATION		FACILITY NAME/ADDRESS					CITY			STATE	ZIP CODE		
<input type="checkbox"/> Attending <input type="checkbox"/> Employed <input type="checkbox"/> Volunteer													
OCCUPATION		EMPLOYER'S NAME		STREET NUMBER AND NAME (Optional)			CITY			STATE	ZIP CODE		
<input type="checkbox"/> Registered Owner <input type="checkbox"/> Regularly Driven			<b>VEHICLES OWNED, REGISTERED, OR REGULARLY DRIVEN</b>						<input type="checkbox"/> Registered Owner <input type="checkbox"/> Regularly Driven				
VEHICLE #1 IDENTIFICATION NUMBER						VEHICLE #2 IDENTIFICATION NUMBER							
LICENSE PLATE NUMBER		STATE	TYPE		YEAR OF EXPIRATION		LICENSE PLATE NUMBER		STATE	TYPE		YEAR OF EXPIRATION	
VEHICLE YEAR	MAKE		MODEL		STYLE/COLOR		VEHICLE YEAR	MAKE		MODEL		STYLE/COLOR	
SIGNATURE OF REGISTRANT _____											DATE _____		
											Registrant Rolled Right Thumbprint - If amputated, use next available finger		



## ARSON REGISTRATION / CHANGE OF ADDRESS California Penal Code (Pen. Code) section (§) 457.1

NAME OF REGISTRANT	Last	First	Middle	CII NUMBER (SID)	DATE
REGISTERING AGENCY ( <i>Do Not Abbreviate</i> )			REGISTERING AGENCY E-MAIL ADDRESS		
REGISTERING OFFICER'S NAME AND TITLE		TELEPHONE NUMBER	ORI	MNEMONIC	

COMMENTS (Include Additional Scars, Marks, Tattoos and Other Characteristics)

### REGISTRATION REQUIREMENTS – REGISTRANT IS REQUIRED TO READ AND INITIAL ALL REQUIREMENTS

1. \_\_\_\_\_ My responsibility to register as an arson offender is a lifetime requirement if my conviction occurred on or after November 30, 1994.
2. \_\_\_\_\_ If I was a juvenile at the time of my adjudication and was or will be released from a California Department of Corrections and Rehabilitation, Division of Juvenile Justice facility, it is my responsibility to register until age 25 or until my record is sealed.
3. \_\_\_\_\_ I must register, in person, within fourteen (14) days of coming into, or changing my residence or location within any city, county, city and county, or college campus where I temporarily reside, or, if I do not have a residence, where I am located. I must register with the law enforcement agency having jurisdiction over my location or place of residence.
4. \_\_\_\_\_ If I change my residence address, I must inform, in writing, the law enforcement agency with whom I last registered of my new address within ten (10) days of changing my residence address.
5. \_\_\_\_\_ I understand I am required to submit DNA samples, as well as fingerprints and full palm prints.

**I have been notified of my duty to register as an arson offender pursuant to Pen. Code, § 457.1. I have read, or had read to me, and initialed each registration requirement specified on this form. I understand it is my duty to know the registration requirements, including changes to the law that may be made after I sign this form. I certify the information provided is true and accurate. I understand failure to comply with the registration requirements, providing false information on the form, or failing to provide accurate information is punishable as a criminal offense. I understand that refusing to sign this form is also punishable as a criminal offense.**

Registrant Rolled Right Thumbprint  
- If amputated, use next available finger

\_\_\_\_\_  
SIGNATURE OF REGISTRANT

\_\_\_\_\_  
DATE



## ARSON REGISTRATION / CHANGE OF ADDRESS California Penal Code (Pen. Code) section (§) 457.1

NAME OF PERSON NOTIFIED	Last	First	Middle	CII NUMBER (SID)	DATE
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### 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 Pen. Code, § 457.1. 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 <https://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to submit all requested information may result in your registration not being processed.

**Access to Your Information.** You may review the records maintained by the local law enforcement where you registered that contain your personal information, as permitted by the Information Practices Act.

**Possible Disclosure of Personal Information.** Local law enforcement is mandated by law to collect this information.

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 information on your registrant record, you may contact the California Sex Offender Registry manager by phone at (916) 210-3113, by e-mail at [MegansLaw@doj.ca.gov](mailto:MegansLaw@doj.ca.gov), or via mail at:

The Department of Justice  
California Sex Offender Registry  
P.O. Box 903387  
Sacramento, CA 94203-3870

**I have read and understand the Privacy Notice as required by Civil Code § 1798.17**

\_\_\_\_\_  
SIGNATURE OF REGISTRANT

\_\_\_\_\_  
DATE