



## SEX OFFENDER REGISTRATION CHANGE OF ADDRESS / ANNUAL OR OTHER UPDATE

### Sex Offender Registration Act – Penal Code (Pen. Code) Sections (§§) 290–290.024 and 290.01

#### PLEASE FOLLOW THESE IMPORTANT PROCESSING INSTRUCTIONS:

- Print or type the required information and enter into the California Sex and Arson Registry (CSAR) application.
- Submit a current photograph of the registrant to the DOJ Image System: <https://calphoto.ext.doj.ca.gov/>.
- Have the registrant read and initial the registration requirements on pages 3, 4, and 5 of this form.
- Verify the registrant understands the requirements.
- Retain the original of this form.
- Provide a photocopy to the registrant as a receipt.

#### FACILITY TYPE (Enter alpha code in Facility Type field):

Day Care Center .....DC  
Family Child Care Home .....FCH  
Group Home .....GH  
Foster Home .....FH  
Adult Day Care .....AD  
Sober Living Home .....SLH  
Elderly Care Home .....ECH

#### REASON FOR REGISTRATION (More than one box can be checked):

☐ ANNUAL ☐ 30 DAY (TRANSIENT) ☐ 90 DAY (SVP) ☐ CHANGE OF ADDRESS ☐ OTHER (e.g., Initial, Additional Address)

#### REGISTRATION EVENT (Check all that apply):

<input type="checkbox"/> INITIAL (1st 8102 in CSAR) <input type="checkbox"/> Residence <input type="checkbox"/> Campus (Attending, Employed, Volunteer) <input type="checkbox"/> Employment (Out of state resident employed in CA) <input type="checkbox"/> Transient  <input type="checkbox"/> ADDITIONAL ADDRESS (Concurrent) <input type="checkbox"/> Residence <input type="checkbox"/> Campus (Attending, Employed, Volunteer) <input type="checkbox"/> Employment (Out of state resident employed in CA)  <input type="checkbox"/> UPDATE (No Change in Registration Status)	REGISTRANT HAS MOVED/CHANGE OF ADDRESS <input type="checkbox"/> INTO JURISDICTION <input type="checkbox"/> INTO JURISDICTION FROM OUT OF STATE <input type="checkbox"/> WITHIN JURISDICTION <input type="checkbox"/> OUT OF JURISDICTION <input type="checkbox"/> OUT OF STATE  <input type="checkbox"/> INACTIVATE ADDRESS - If registrant has more than one registered address, list the address registrant is vacating from in the space below:  _____	<input type="checkbox"/> ABSCONDED (LEA has verified whereabouts unknown) <input type="checkbox"/> DEPORTATION <input type="checkbox"/> INCARCERATION <input type="checkbox"/> CDCR <input type="checkbox"/> LOCAL <input type="checkbox"/> FED INC DATE: _____ <input type="checkbox"/> DJJ <input type="checkbox"/> DSH/DDS <input type="checkbox"/> ICE  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> .
---	--	--

FULL NAME OF REGISTRANT				Last		First		Middle		Suffix					
ALIASES				DATE OF BIRTH		CII NUMBER (SID)		DRIVER'S LICENSE/I.D. 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		ORIGINATING AGENCY CASE NUMBER (OCA)	
TYPE OF CONVICTION IF NON-CALIFORNIA OFFENSE <input type="checkbox"/> OUT OF STATE <input type="checkbox"/> FEDERAL <input type="checkbox"/> MILITARY															
NEW OR MODIFIED SCARS, MARKS, TATTOOS, AND OTHER CHARACTERISTICS NOT IN CSAR 1						LOCATION		DESCRIPTION		PICTURE		TEXT			
NEW OR MODIFIED SCARS, MARKS, TATTOOS, AND OTHER CHARACTERISTICS NOT IN CSAR 2						LOCATION		DESCRIPTION		PICTURE		TEXT			
NEW OR MODIFIED SCARS, MARKS, TATTOOS, AND OTHER CHARACTERISTICS NOT IN CSAR 3						LOCATION		DESCRIPTION		PICTURE		TEXT			
HOME PHONE NUMBER						WORK PHONE NUMBER				CELLULAR PHONE NUMBER					
ADDRESS						Street Number and Name		Apt./Unit Number		CITY		STATE		ZIP CODE	
DWELLING TYPE <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Apartment / Condominium <input type="checkbox"/> Hotel / Motel <input type="checkbox"/> Other								LICENSED FACILITY <input type="checkbox"/> YES <input type="checkbox"/> NO		FACILITY TYPE					
LOCATION(S) FREQUENTED BY TRANSIENT															
ADDITIONAL REGISTRATION ADDRESS <input type="checkbox"/> Residence <input type="checkbox"/> Campus <input type="checkbox"/> Employment						Street Number and Name		Apt./Unit Number		CITY		STATE		ZIP CODE	
DWELLING TYPE <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Apartment / Condominium <input type="checkbox"/> Hotel / Motel <input type="checkbox"/> Other						LICENSED FACILITY <input type="checkbox"/> YES <input type="checkbox"/> NO		FACILITY TYPE							
CAMPUS REGISTRATION <input type="checkbox"/> Attending <input type="checkbox"/> Employed <input type="checkbox"/> Volunteer						CAMPUS NAME/ADDRESS		STREET NUMBER AND NAME		CITY		STATE		ZIP CODE	
<div>Registrant Rolled Right Thumbprint - If amputated, use next available finger</div>															
SIGNATURE OF REGISTRANT _____ DATE _____															



## SEX OFFENDER REGISTRATION CHANGE OF ADDRESS / ANNUAL OR OTHER UPDATE

### Sex Offender Registration Act – Penal Code (Pen. Code) Sections (§§) 290–290.024 and 290.01

NAME OF REGISTRANT		Last	First	Middle	CII NUMBER (SID)		DATE		
RELATED ADDRESS (e.g., Mailing, Emergency Contact)		Street Number and Name		Apt./Unit Number	City		State	Zip Code	
RELATED ADDRESS TYPE <input type="checkbox"/> Mailing <input type="checkbox"/> GPS Charging Location		<input type="checkbox"/> Emergency Contact		NAME OF EMERGENCY CONTACT (If emergency contact is checked)		RELATIONSHIP TO EMERGENCY CONTACT (e.g., Mother, Father)			
RELATED ADDRESS (e.g., Mailing, Emergency Contact)		Street Number and Name		Apt./Unit Number	City		State	Zip Code	
RELATED ADDRESS TYPE <input type="checkbox"/> Mailing <input type="checkbox"/> GPS Charging Location		<input type="checkbox"/> Emergency Contact		NAME OF EMERGENCY CONTACT (If emergency contact is checked)		RELATIONSHIP TO EMERGENCY CONTACT (e.g., Mother, Father)			
OCCUPATION		EMPLOYER'S NAME					DATE CURRENT EMPLOYMENT BEGAN		
EMPLOYER'S ADDRESS		Street Number and Name		Suite/Unit Number	City		State	Zip Code	
WORK ADDRESS (If different than Employer's Address)		Street Number and Name		Suite/Unit Number	City		State	Zip Code	
REGISTERING AGENCY (Do Not Abbreviate)				REGISTERING OFFICER'S NAME AND TITLE					
REGISTERING AGENCY'S E-MAIL ADDRESS				PHONE NUMBER		ORI	MNEMONIC	DNA COLLECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PROBATION/PAROLE OFFICER						PHONE NUMBER			
COMMENTS (Include additional, new or modified Scars, Marks, Tattoos, and Other Characteristics)									
<b>ADDRESS/RESIDENCE DEFINITIONS:</b> <b>ADDRESS</b> - Address at which I regularly reside, regardless of the number of days or nights spent there. <b>ADDITIONAL ADDRESS</b> - Additional address at which I regularly reside, regardless of the number of days or nights spent there. <b>RELATED ADDRESS</b> - Address of a relative or other person who is likely to know how to contact me. <b>EMPLOYER'S NAME/ADDRESS</b> - The name and address of my employer (e.g., company, individual, entity), and the address of that employer. <b>WORK ADDRESS</b> - The address at which I work. <b>RESIDENCE</b> - One or more addresses at which I regularly reside, regardless of the number of days or nights spent there, such as a shelter or structure that can be located by a street address, including, but not limited to, houses, apartment buildings, motels, hotels, homeless shelters, and recreational and other vehicles.									
<b>HAS YOUR VEHICLE INFORMATION CHANGED SINCE YOUR LAST REGISTRATION? IF SO, PLEASE PROVIDE THE UPDATED VEHICLE INFORMATION BELOW.</b>									
HAVE YOU SOLD OR STOPPED REGULARLY DRIVING A VEHICLE SINCE YOUR LAST REGISTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO									
VEHICLE #1 <input type="checkbox"/> Registered Owner <input type="checkbox"/> Regularly Driven			VEHICLES OWNED, REGISTERED, OR REGULARLY DRIVEN			VEHICLE #2 <input type="checkbox"/> Registered Owner <input type="checkbox"/> Regularly Driven			
VEHICLE (#1) IDENTIFICATION NUMBER (VIN)				VEHICLE (#2) IDENTIFICATION NUMBER (VIN)					
LICENSE PLATE NUMBER #1		STATE	TYPE	YEAR OF EXPIRATION	LICENSE PLATE NUMBER #2		STATE	TYPE	YEAR OF EXPIRATION
VEHICLE YEAR	MAKE	MODEL		STYLE/COLOR	VEHICLE YEAR	MAKE	MODEL		STYLE/COLOR
END DATE		MAKE			MODEL				
								Registrant Rolled Right Thumbprint - If amputated, use next available finger	
SIGNATURE OF REGISTRANT					DATE				



## SEX OFFENDER REGISTRATION CHANGE OF ADDRESS / ANNUAL OR OTHER UPDATE

### Sex Offender Registration Act – Penal Code (Pen. Code) Sections (§§) 290–290.024 and 290.01

NAME OF REGISTRANT	Last	First	Middle	CII NUMBER (SID)	DATE
--------------------	------	-------	--------	------------------	------

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

1. \_\_\_\_ My responsibility to register as a sex offender in California is a lifetime requirement, except as provided in Pen. Code, § 290.005, Pen. Code, § 290.5, or by court order.
2. \_\_\_\_ I must register in person, if I have never registered, within five (5) working days of: 1) coming into California, or 2) release from incarceration, placement, commitment, or release on probation, with the law enforcement agency having jurisdiction over my place(s) of residence or where I am physically present as a transient. (Pen. Code, § 290)
3. \_\_\_\_ I must re-register in person, if I have previously registered, within five (5) working days, after release from incarceration, placement, or commitment that lasted 30 or more days, or within five (5) working days after release on probation. I do not have to re-register after release if I was incarcerated for less than 30 days, and I return to the last registered address, and the update of registration that is required to occur within five (5) working days before or after my birthday did not fall within that incarceration period. (Pen. Code, § 290.015)
4. \_\_\_\_ I must annually update my registration information in person, within five (5) working days before or after my birthday, at the law enforcement agency having jurisdiction over my residence address or where I am currently present as a transient. Annual updates begin with my first birthday following registration or change of address. (Pen. Code, § 290.012)
5. \_\_\_\_ Upon coming into, or when changing my residence address within a city and/or county in which I am residing, I must register or re-register in person, within five (5) working days, with the law enforcement agency having jurisdiction over my residence. (Pen. Code, §§ 290, 290.013)
6. \_\_\_\_ If I change my registered address to a new address, either within the same jurisdiction or anywhere inside or outside of the state, I must inform the last registering agency or agencies in person within five (5) working days before or after I leave. If I do not know my new residence address or transient location I must later notify, by registered or certified mail, the last registering agency or agencies of the new address or transient location with five (5) working days of moving to the new address or location. (Pen. Code, § 290.013)
7. \_\_\_\_ If I am registered at a residence address and become transient, I have five (5) working days within which to register in person with the law enforcement agency having jurisdiction where I am physically present as a transient. (Pen. Code, § 290.011)
8. \_\_\_\_ If I am registered as a transient and move to a residence, I have five (5) working days within which to register in person with the law enforcement agency having jurisdiction over the new address. (Pen. Code, § 290.011)
9. \_\_\_\_ If I have no residence address, I must register in person in the jurisdiction where I am physically present as a transient within five (5) working days of becoming transient. Thereafter, I must update my registration information in person no less than once every 30 days with the law enforcement agency having jurisdiction over the place where I am physically present as a transient on the day I re-register. I do not need to report changes of transient location within the 30-day period unless I move out of state. I must also comply with the annual requirement to update my registration. (Pen. Code, § 290.011)
10. \_\_\_\_ If I am registered as a transient and I am moving out of state, I must inform the law enforcement agency having jurisdiction over the place where I was physically present as a transient, in person, within five (5) working days before or after I leave. I must also inform the law enforcement agency of my planned destination, residence, or transient location out of state, if known, and any plans to return to California. (Pen. Code, § 290.011)
11. \_\_\_\_ If I move outside of California, I am required by federal law to register in the new state within three (3) working days. Federal law requires me to notify my registering agency no less than 21 days before I intend to travel internationally.

#### REGISTRATION REQUIREMENTS CONTINUE ON PAGE 4

I have been notified of my duty to register as a sex offender pursuant to Pen. Code, §§ 290–290.024 and 290.01. I have read or had read to me, and initialed each registration requirement specified on pages 3, 4, and 5 of 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 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



## SEX OFFENDER REGISTRATION CHANGE OF ADDRESS / ANNUAL OR OTHER UPDATE

### Sex Offender Registration Act – Penal Code (Pen. Code) Sections (§§) 290–290.024 and 290.01

NAME OF REGISTRANT	Last	First	Middle	CII NUMBER (SID)	DATE
--------------------	------	-------	--------	------------------	------

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

12. \_\_\_\_ If I have ever been committed as a sexually violent predator, I must update my registration information in person, no less than once every 90 days with the law enforcement agency having jurisdiction over my residence or transient location. I must also comply with the annual requirement to update my registration in person. (Pen. Code, §§ 290.001, 290.012)
13. \_\_\_\_ If I have more than one residence address at which I regularly reside (regardless of the number of days or nights I spend at each address), I must register in person, within five (5) working days at each address with the law enforcement agency having jurisdiction over each residence. If I no longer reside at a registered address, I must inform in person, the registering agency having jurisdiction over that address within five (5) working days before or after I leave. (Pen. Code, § 290.010)
14. \_\_\_\_ If I reside or am a transient on a University of California, California State University, or community college campus, I must register in person, within five (5) working days with the local law enforcement agency having jurisdiction over the campus and additionally with the campus police. (Pen. Code, §§ 290, 290.011)
15. \_\_\_\_ If I am enrolled or employed (with or without compensation) at an institution of higher learning, I must register within five (5) working days of commencement of the term of enrollment or employment, with the campus police department or if no campus police department exists, with the law enforcement agency having jurisdiction over that campus. I must also register in person with the law enforcement agency having jurisdiction over my place of residence or transient location. When I cease being enrolled or employed at that institution, I must notify the registering agency for the campus within five (5) working days. (Pen. Code, §§ 290.009, 290.01)
16. \_\_\_\_ Campus registration must be in person unless I am enrolled in an online course which does not require my presence at an institution of higher learning in California. I must register for online courses by mailing the Department of Justice Online Course Registration Form to the campus police department, or if no campus police department exists, to the law enforcement agency having jurisdiction over that campus, within five (5) working days of commencement of my term of enrollment. When I cease being enrolled at that institution, I must notify the registering agency for the campus within five (5) working days. (Pen. Code, §§ 290.009, 290.01) The DOJ Online Course Registration Form is available at: [www.oag.ca.gov](http://www.oag.ca.gov).
17. \_\_\_\_ I understand that if I wish to come into any school building or upon any school ground (grades K-12), I must have a lawful purpose and written permission from the school's chief administrative officer indicating the date(s) and time(s) for which permission has been granted. (Pen. Code, § 626.81)
18. \_\_\_\_ If I live outside of California and I am required to register in that state and I attend school or am employed in California, I must register in person with the law enforcement agency having jurisdiction over my school or employment location within five (5) working days of beginning attendance or becoming employed, in addition to registering in my state of residence. (Pen. Code, § 290.002)
19. \_\_\_\_ I must provide proof of residence to the registering agency within 30 days of registration or re-registration at a new residence address. (Pen. Code, § 290.015)
20. \_\_\_\_ If I am on parole or probation, I must provide proof of registration to my parole agent or probation officer within six (6) working days of release on parole or probation and proof of any change or update to my registration within five (5) working days. (Pen. Code, § 290.85)

#### REGISTRATION REQUIREMENTS CONTINUE ON PAGE 5

I have been notified of my duty to register as a sex offender pursuant to Pen. Code §§ 290–290.024 and 290.01. I have read or had read to me, and initialed each registration requirement specified on pages 3, 4, and 5 of 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 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



## SEX OFFENDER REGISTRATION CHANGE OF ADDRESS / ANNUAL OR OTHER UPDATE

### Sex Offender Registration Act – Penal Code (Pen. Code) Sections (§§) 290–290.024 and 290.01

NAME OF PERSON NOTIFIED	Last	First	Middle	CII NUMBER (SID)	DATE
-------------------------	------	-------	--------	------------------	------

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

21. \_\_\_\_ If I change my name I must notify in person, within five (5) working days, the law enforcement agency or agencies having jurisdiction over my place of residence or place where I am required to register as a transient. (Pen. Code, § 290.014)
22. \_\_\_\_ I understand I am required to submit DNA samples, as well as fingerprints and full palm prints. (Pen. Code, §§ 296, 296.2)
23. \_\_\_\_ If I accept a position as an employee or volunteer with any person, group, or organization where I would be working directly and in an unaccompanied setting with minor children on more than an incidental and occasional basis or have supervision or disciplinary power over minor children, I shall disclose my status as a registrant, upon application or acceptance of a position, to that person, group, or organization. If I have been convicted of a crime where the victim was a minor under 16 years of age, I shall not be an employer, employee, independent contractor, or act as a volunteer with any person, group, or organization in a capacity in which the registrant would be working directly and in an unaccompanied setting with minor children on more than an incidental and occasional basis or have supervision or disciplinary power over minor children. If I work in an accompanied setting with minor children, and my work would require me to touch the minor children on more than an incidental basis, I shall disclose my status as a registrant, upon application or acceptance of the position, to that person, group, or organization. (Pen. Code, § 290.95)

#### 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, §§ 290–290.023 and 290.01. 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 provide requested information may result in your address change not being processed.

**Access to Your Information.** Please contact the local law enforcement agency where you registered if you wish to review the personal information collected on this form, as permitted by the Information Practices Act.

**Possible Disclosure of Personal Information.** The local law enforcement agency where you registered is required by law to enter this information into the California Sex and Arson Registry (CSAR). Additionally, the California Sex Offender Registry is required by law to provide the information in CSAR to other law enforcement 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.

I have been notified of my duty to register as a sex offender pursuant to Pen. Code, §§ 290–290.024 and 290.01. I have read or had read to me, and initialed each registration requirement specified on pages 3, 4, and 5 of 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 refusing to sign this form is also punishable as a criminal offense. I have read and understand the Privacy Notice as required by Civil Code § 1798.17.

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

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

\_\_\_\_\_  
DATE

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