

## AGREGAR USUARIO

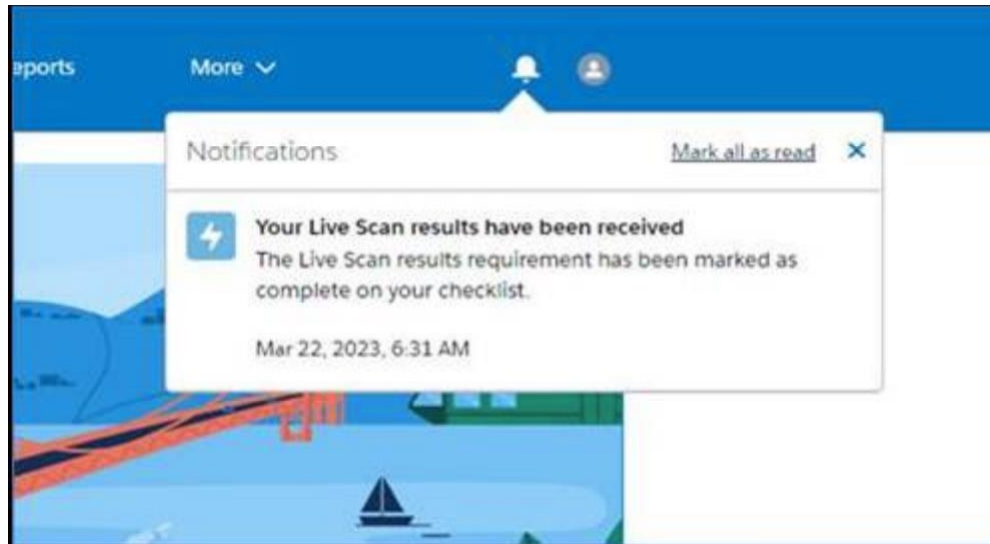
1. El primer paso para agregar un usuario al programa BPA es hacer que el nuevo usuario cree una cuenta OL antes de completar los documentos en el paso 2.

Para crear una cuenta por favor vaya a [dmv.ca.gov](https://dmv.ca.gov) → Online Services → Occupational Licenses → Start.

Será redirigido al inicio de la aplicación. Antes de hacer clic en Inicio, asegúrese de imprimir la [Guía de Inicio](#) para obtener instrucciones.

2. El segundo paso para agregar un usuario al programa BPA es completar los siguientes documentos:
  - **REG 4026, BPA Application for Change** (Si está agregando más de 2 usuarios, use una hoja de papel separada para la información del empleado).
  - **REG 4019, Statement of Personal History** (Utilice un formulario para cada empleado que desee agregar).
  - **EXEC 200X, Information Security and Disclosure Statement** (Utilice un formulario para cada empleado que desee agregar).
  - **DMV 8016, Request for Live Scan** (**Asegúrese de que la cuenta OL se haya creado para el usuario antes de hacer esto.** Utilice un formulario para cada empleado que desee agregar. Envíe una copia una vez que el operador del Live Scan haya completado la parte inferior.)

En uno o dos días, vuelva a iniciar sesión en su cuenta OL. En la esquina superior derecha, verá una notificación de que se recibió su Live Scan (imagen de referencia a continuación). Tome una captura de pantalla de la notificación y envíela por correo electrónico a [bpacompliance@sambasafety.com](mailto:bpacompliance@sambasafety.com)



Una vez que haya completado los formularios anteriores, escanee todos los documentos y envíelos por correo electrónico a la dirección de correo electrónico a continuación. O envíelo por correo a la siguiente dirección.

Llama o manda un correo electrónico con cualquier pregunta.

(800) 888-3317 / [bpacompliance@sambasafety.com](mailto:bpacompliance@sambasafety.com)

**ADR/SambaSafety**  
**Attn: BPA Compliance**  
**11040 White Rock Rd, Ste. 200**  
**Rancho Cordova, CA 95670**

# BUSINESS PARTNER AUTOMATION PROGRAM APPLICATION FOR CHANGES

SITE ID

**PLEASE TYPE OR PRINT CLEARLY**

NAME (IF CHANGING NAME OF COMPANY PRINT PRIOR NAME)

Check appropriate box(es) for change(s) being made:

- |   |   |
|---|---|
| <input type="checkbox"/> Closing site   | <input type="checkbox"/> Changing controlling director(s) and/or officers |
| <input type="checkbox"/> Changing business, corporate name, Limited Liability Company (LLC) name, or DBA name | <input type="checkbox"/> Changing members of Limited Liability Company    |
| <input type="checkbox"/> Adding site  | <input type="checkbox"/> Change of Partner(s) or Stockholder(s)           |
| <input type="checkbox"/> Changing address of principal place of business or site                              | <input type="checkbox"/> Change of floorplan and/or adding a terminal     |
| <input type="checkbox"/> Adding employee <input type="checkbox"/> Deleting employee                           | <input type="checkbox"/> Changing processing address only                 |

## CHANGING COMPANY NAME — Meeting minutes for corporate name change **MUST BE ATTACHED**

PRINT NEW NAME

## ADDING OR CHANGING ADDRESS

NEW ADDRESS (NUMBER AND STREET)

TELEPHONE NUMBER

( )

CITY

STATE

ZIP CODE

PRIOR ADDRESS IF CHANGING (NUMBER AND STREET)

TELEPHONE NUMBER

( )

CITY

STATE

ZIP CODE

## ADDING OR DELETING EMPLOYEES (The Business Partner must notify the department of all employee changes) Each employee being added must submit a personal history questionnaire and have live scan fingerprinting done.

EMPLOYEE ADDED OR DELETED (CHECK APPROPRIATE BOX)

☐ ADD ☐ DELETE

DATE EMPLOYEE ADDED OR DELETED

TRUE FULL NAME (LAST, FIRST, MIDDLE)

BIRTH DATE

DL OR ID NUMBER

STATE ISSUED

RESIDENCE ADDRESS (NUMBER/STREET)

CITY

STATE

ZIP CODE

EMPLOYEE ADDED OR DELETED (CHECK APPROPRIATE BOX)

☐ ADD ☐ DELETE

DATE EMPLOYEE ADDED OR DELETED

TRUE FULL NAME (LAST, FIRST, MIDDLE)

BIRTH DATE

DL OR ID NUMBER

STATE ISSUED

RESIDENCE ADDRESS (NUMBER/STREET)

CITY

STATE

ZIP CODE

## CERTIFICATION

**I agree to notify the department in writing of any change in location, ownership, or legal structure of this business and to submit new Business Partner Automation Program application properly reflecting the changes together with the required fees. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

DATE

PRINTED NAME

EMAIL ADDRESS

SIGNATURE OF AUTHORIZED AGENT

X

TITLE

**STATEMENT OF PERSONAL HISTORY  
PRE-IMPLEMENTATION SCREENING PROCESS  
BUSINESS PARTNER AUTOMATION PROGRAM  
Privacy Statement and Instructions to Applicant**

**TO: Business Partner Automation Program  
Administrative Manager**

DATE

APPLICATION FOR:

☐ Business Partner Owner ☐ Employee

In order to provide a high level of quality service and to maintain the trust and confidence of the public we serve, the Department of Motor Vehicles has a pre-implementation screening process for individuals interested in participating in the Business Partner Automation Program. The screening may consist of inquiry to Law Enforcement agencies and personal interviews to determine suitability for participation in the Business Partner Automation Program. Section 432.7(d) of the Labor Code allows the Department of Motor Vehicles to require you to provide information regarding convictions and arrests for which you may be out on bail or on your own recognizance pending trial.

The information required on the attached form pertains to eligibility for participation in the Business Partner Automation Program. Failure to provide the information is cause for refusal to be a participant.

This information is public record, regularly used by law enforcement agencies, and is open to inspection by the public. Information contained in these records, classified as confidential or personal pursuant to the Information Practices Act of 1977 and the Public Records Act, is exempt from disclosure. Individuals are entitled to inspect or obtain copies of information contained in their records during regular office hours by prior arrangement.

The Registration Policy and Automation Branch, P.O. Box 825393, Sacramento, CA 94232-5393, is responsible for maintaining information.

***Important -- Read carefully:*** This questionnaire must be completed by each person who will be involved in the Business Partner Automation Program, both employer and employee whom will have access to the Department of Motor Vehicles' records. Before you submit this questionnaire, be sure that you have signed it and that you have fully answered each question. ***Incorrect information is grounds for refusal to participate in the Business Partner Automation Program.***

1. NAME (PLEASE PRINT) LAST		FIRST	MIDDLE	
RESIDENCE ADDRESS (NUMBER AND STREET)		CITY	COUNTY	STATE ZIP CODE
TELEPHONE NUMBER (BUSINESS) ( )		TELEPHONE NUMBER (HOME) ( )		

## 2. PHYSICAL DESCRIPTION

BIRTHDATE	SEX	HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT
-----------	-----	------------	-----------	--------	--------

Do you hold a valid California Driver License or California Identification Card? ..... ☐ Yes ☐ No  
If yes, show license or identification number \_\_\_\_\_

Have you ever been known by or used any name other than the name appearing  
on this questionnaire? Include the different way you sign your name..... ☐ Yes ☐ No  
If yes, what name? \_\_\_\_\_

## 3. EMPLOYMENT HISTORY (List your jobs for the last 3 years. Begin with your most recent job.)

FROM (MO/DAY/YR)	TO (MO/DATE/YR)	JOB TITLE/CLASSIFICATION (INCLUDE RANGE AND LEVEL, IF APPLICABLE.)
HOURS PER WEEK	TOTAL WORKED (YRS/MON)	COMPANY/STATE AGENCY NAME
ADDRESS		

DUTIES PERFORMED

REASON FOR LEAVING

FROM (MO/DAY/YR)	TO (MO/DATE/YR)	JOB TITLE/CLASSIFICATION (INCLUDE RANGE AND LEVEL, IF APPLICABLE.)
HOURS PER WEEK	TOTAL WORKED (YRS/MON)	COMPANY/STATE AGENCY NAME
ADDRESS		

DUTIES PERFORMED

REASON FOR LEAVING

FROM (MO/DAY/YR)	TO (MO/DATE/YR)	JOB TITLE/CLASSIFICATION (INCLUDE RANGE AND LEVEL, IF APPLICABLE.)
HOURS PER WEEK	TOTAL WORKED (YRS/MON)	COMPANY/STATE AGENCY NAME
ADDRESS		

DUTIES PERFORMED

REASON FOR LEAVING

FROM (MO/DAY/YR)	TO (MO/DATE/YR)	JOB TITLE/CLASSIFICATION (INCLUDE RANGE AND LEVEL, IF APPLICABLE.)
HOURS PER WEEK	TOTAL WORKED (YRS/MON)	COMPANY/STATE AGENCY NAME
ADDRESS		

DUTIES PERFORMED

REASON FOR LEAVING

4. (a) Have you previously been or are you licensed or have you ever applied in California to be a vehicle salesperson, representative, distributor, dealer, registration service, dismantler, manufacturer, remanufacturer, transporter, verifier lessor-retailer, driving school owner, operator, or instructor, traffic violator school owner, operator or instructor or all-terrain vehicle safety training organization or instructor, or Requester Code? .... ☐ Yes ☐ No  
If yes, show license number or Requester Code \_\_\_\_\_
- (b) Have you ever had a business or occupational license issued by this department or an application for such license refused revoked, suspended or subjected to other disciplinary action or were you ever a partner, managerial employee, officer, director, or stockholder in a firm licensed by this department, and the license was revoked, suspended or subject to other disciplinary action? ..... ☐ Yes ☐ No  
If yes, show license number, type of license, action by the department, date of action \_\_\_\_\_
- (c) Were you ever the holder of an occupational license issued by another state, authorizing the same or similar activities of a license, and that license was revoked or suspended for cause and was never reissued, or was suspended for cause and the terms of suspension have not been fulfilled?..... ☐ Yes ☐ No  
If yes, describe type of license, license number, and state where license was issued \_\_\_\_\_
5. Do you currently have any criminal charges pending against you in any state or federal court? ..... ☐ Yes ☐ No  
If yes, please state the court, case number, and the nature of the charges. \_\_\_\_\_
6. Have you ever in the last 3 years: (If "Yes", give details on a separate piece of paper and refer to the instructions for further details.)
- (a) Been dismissed, fired, demoted, had your salary or compensation reduced for cause or had any other adverse action taken against you for any reason..... ☐ Yes ☐ No
- (b) Resigned from or quit a position while you were under investigation or after being informed discipline would be taken against you, or during an appeal from a disciplinary action? ..... ☐ Yes ☐ No
- (c) Been rejected or told you would not receive permanent or continued employment for cause during any type of probationary or trial period on the job?..... ☐ Yes ☐ No
- (d) If the termination, demotion or other adverse action from employment involved any civil or administrative case, please state court or agency and case number \_\_\_\_\_
7. Excluding traffic offenses, have you ever been **convicted, placed on probation, or released from incarceration following conviction** for any crime or offense, **either felony or misdemeanor, in ANY Federal or State** jurisdiction, within the last 10 years?..... ☐ Yes ☐ No  
(See notice on next page.)

**IMPORTANT NOTICE****IMPORTANT NOTICE****IMPORTANT NOTICE**

Describe "Yes" answer to any of the prior questions by listing each separate offense by date of conviction, offense, court of jurisdiction and disposition in appropriate columns.

**FOR EACH CONVICTION DISCLOSED, YOU MUST SUBMIT THIS APPLICATION, A COPY OF THE ARRESTING AGENCY REPORT AND CERTIFIED COPY OF THE COURT DOCUMENTS.**

Even if you were pardoned, pled nolo contendere, or if the conviction was later expunged from the record of the court or set aside under Penal Code Section 1203.4, or any other federal or state law equivalent, you must disclose the conviction. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, **you must still disclose the conviction.** Failure to disclose all convictions, including those out-of-state or out of country may result in the disapproval of your participation in the program. Listing all conviction information may not necessarily preclude you from participating in the Business Partner Automation Program.

*Applicant initials* \_\_\_\_\_

**FAILURE TO INITIAL CAN BE CAUSE FOR DENIAL OF PARTICIPATION IN THE  
BUSINESS PARTNER AUTOMATION PROGRAM.**

CONVICTION DATE	CONVICTED OF	COURT OF JURISDICTION (FULL NAME AND ADDRESS)	DISPOSITION OF OFFENSE (DESCRIBE SENTENCE)			
			Amount Fined	Term of Probation	Jail or Prison Term	Date Released

**Any falsification, withholding, or failure to answer all questions completely and accurately may be grounds for disqualification from the Business Partner Automation Program.**

**CERTIFICATION BY APPLICANT**

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

EXECUTED AT (CITY, STATE)

ON (DATE)

APPLICANT (SIGNATURE)

**EMPLOYING BUSINESS PARTNER'S ACKNOWLEDGMENT**

**I hereby certify that I am the authorized representative of the employing Business Partner herein. It is my intention to employ the above named person when he/she receives authorization from the Department of Motor Vehicles.**

DATE

TITLE (I.E., CORPORATE OFFICER, OWNER, OPERATOR)

PRINTED NAME

SIGNATURE





EMPLOYER
EMPLOYEE NAME

## INFORMATION SECURITY AND DISCLOSURE STATEMENT PUBLIC/PRIVATE PARTNERSHIPS EMPLOYEE

The California Department of Motor Vehicles (CADMV) collects confidential and personal information from the public to administer the various programs for which it has responsibility. The information is maintained according to provisions of various state and federal laws and regulations including the Information Practices Act, the Public Records Act, the California Vehicle Code, the State Administrative Manual and department policies. The CADMV is committed to protect this information from unauthorized access, use, or disclosure. If you are authorized to have access to CADMV information, your responsibilities for the handling and protecting of CADMV information are as follows:

1. You may access information only when necessary to accomplish the responsibilities of employment. You may not access or use information from the CADMV for personal reasons. (Examples of inappropriate access or misuse of CADMV information include, but are not limited to: making personal inquiries or processing personal transactions including your friends and your relatives; accessing information about another person for any reason that is not related to your job responsibilities.)
2. You may not disclose or share CADMV information to any person or entity.
3. You may not deliberately perform unauthorized additions, alterations, or deletions to existing data, or enter false or incomplete data on any CADMV document or computer data file.
4. If you are authorized for access to CADMV data, you shall take precautions to create a secure password. A secure password is one that cannot be associated with you or your interests. You may not reveal this password to any person, nor record it on any document. If you have reason to believe another person has determined the nature of your password, you shall immediately change it.
5. If you are authorized to access CADMV data using a computer, you shall take reasonable precautions to protect terminals, equipment, and systems from unauthorized access. Reasonable precautions include, but are not limited to: Do not leave the terminal unattended if you are logged on to the system; store user instructions in a secure place; immediately report to your supervisor any suspicious circumstances or unauthorized individuals you have observed in the work area.
6. If CADMV data is entered on a computer associated with your employer's business, you shall take reasonable precautions to protect the data from unauthorized access. Reasonable precautions include, but are not limited to: Do not leave the computer turned on and unattended; do not copy CADMV data unless authorized by CADMV; report any suspicious circumstances or unauthorized individuals or access you have observed in the work area to your supervisor.
7. If you have access to physical documents containing CADMV record information, you shall take reasonable precautions to protect the documents from unauthorized access and theft. Reasonable precautions include, but are not limited to: Move documents that are to be destroyed to a secure area pending destruction; do not remove documents from the firm's premises other than as provided in the Memorandum of Understanding or contract; report to your supervisor any suspicious circumstances or unauthorized individuals or access you have observed in your area.
8. Federal Law states:

*"Any person who knowingly obtains, discloses, or uses personal information from a motor vehicle record for a purpose not permitted under the Driver's Privacy Protection Act (Title 18 of the United States Code, Section 2721 - 2725), shall be liable to the individual to whom the information pertains, who may bring a civil action in a United States district court. The court may award:*

- *actual damages, but not less than liquidated damages in the amount of \$2,500;*
- *punitive damages upon proof of willful or reckless disregard of the law;*
- *reasonable attorney's fees and other litigation costs reasonably incurred; and*
- *such other preliminary and equitable relief as the court determines to be appropriate."*

***I have read and understand the security policies stated above, and have received a copy of them. I understand that failure to comply with these policies may result in civil or criminal prosecution in accordance with applicable laws.***

**X**

EMPLOYEE'S SIGNATURE

DATE



## REQUEST FOR LIVE SCAN SERVICE Applicant Submission

(License, Certification, Permit Only, or Business Partner Automation Program Participant)

**To verify your identity, please bring an official governmental photo document (e.g., driver license, identification card, passport, etc.) with you to the live scan site. Processing fees are non-refundable.**

**Please read instructions on reverse before completing form.**

1. CODE ASSIGNED BY DOJ

ORI: A0059

### APPLICANT COMPLETES (EXCEPT ITEM 15) — PLEASE PRINT.

2. CHECK APPROPRIATE BOX (SEE REVERSE FOR INSTRUCTIONS)

**A.** ☒ Department of Motor Vehicles  
 Licensing Operations Division  
 Occupational Licensing Branch  
 P. O. Box 932342 MS—L224  
 Sacramento, CA 94232-3420

**Five Digit Mail Code: 04620**

**Contact:** Operations Manager  
 916-229-3153

### Ambulance Driver Certificate Only

**B.** ☐ Department of Motor Vehicles  
 Licensing Operations Division  
 Issuance, Commercial Driver License  
 P.O. Box 942890  
 Sacramento, CA 94232-3420

**Five Digit Mail Code: 04621**

**Contact:** CDL/PDPS Manager  
 916-657-5771

3. TYPE OF APPLICATION (ONLY IF CHECKING BOX "A" ABOVE) — Check One

☐ License ☐ Certification ☐ Permit ☒ Business Partner Automation Program Participant  
☐ Employer Testing Program Examiner

4. APPLICANT'S NAME (LAST, FIRST, MIDDLE INITIAL)

5. AKA'S (LAST, FIRST)

ADDITIONAL AKA'S (LAST, FIRST)

6. DATE OF BIRTH	7. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	8. HEIGHT	9. WEIGHT	10. EYE COLOR	11. HAIR COLOR
12. PLACE OF BIRTH			13. SOCIAL SECURITY NUMBER		
14. CALIFORNIA DRIVER LICENSE/IDENTIFICATION NUMBER		15. NO BILLING NUMBER—APPLICANT PAYS		16. MISCELLANEOUS NUMBER	
17. HOME ADDRESS AND TELEPHONE NUMBER		STREET		CITY	STATE ZIP CODE TELEPHONE NUMBER

### DMV COMPLETES

18. YOUR NUMBER (OCA NUMBER—AGENCY IDENTIFYING NUMBER) <b>OLAD</b>	19. IF RESUBMISSION, LIST ORIGINAL ATI NUMBER	20. LEVEL OF SERVICE <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI
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### LIVE SCAN OPERATOR COMPLETES

21. OPERATOR COMPLETING LIVE SCAN TRANSACTION		22. DATE	
23. TRANSMITTING AGENCY (LSID NUMBER)	24. ATI NUMBER	25. AMOUNT COLLECTED	26. AMOUNT BILLED

**DISTRIBUTION:** ORIGINAL - Live Scan Operator  
 SECOND COPY - Requesting Agency  
 THIRD COPY - Applicant

## INSTRUCTIONS FOR COMPLETING FRONT

1. **Code Assigned by DOJ:** ORI number pre-printed.
2. **Agency Address Set Contributing Agency:** Check box "B" if applying for an Ambulance Driver Certificate. Check box "A" for all other licenses, Vehicle Verifier Permit, or Business Partner Automation Program Participant.
3. **Type of Application:** Check one. Applications for the following type licenses require Live Scan services.
  - Ambulance Driver Certificate
  - Business Partner Automation Program/Registration Service Owner
  - Business Partner Automation Program/Dealer Owner
  - Business Partner Automation Program/Employee (i.e., Registration Service, Dealer, Automobile Club, Rental Car, Leasing Company employee).
  - Dealer License
  - Dismantler/Wrecker License
  - Distributor License
  - Distributor Representative License
  - Driving School Instructor License
  - Driving School Operator License
  - Driving School Owner License
  - Employer Testing Program Examiner
  - Lessor/Retailer License
  - Manufacturer License (includes Remanufacturer)
  - Manufacturer Representative License
  - Registration Service License
  - Salesperson License
  - Transporter License
  - Traffic Viol. School Owner License (includes Operator or Instructor)
  - Vehicle Verifier Permit
4. **Name of Applicant:** Enter applicant's full name.
5. **AKA's:** Enter any other names applicant has used.
6. **Date of Birth:** Enter applicant's date of birth.
7. **Sex:** Check appropriate gender box.
8. **Height:** Enter applicant's height.
9. **Weight:** Enter applicant's weight.
10. **Eye color:** Enter applicant's eye color.
11. **Hair color:** Enter applicant's hair color.
12. **Place of birth:** Enter city, state, and country
13. **Social Security Number:** Enter applicant's social security number.
14. **California Driver License/Identification Card number:** Enter applicant's California Driver License/Identification Card number.
15. **Applicant Pays:** Live Scan operator will complete.
16. **Miscellaneous Number:** Enter other identifying numbers (e.g., other state driver license number).
17. **Home Address:** Enter applicant's residence address and telephone number.
18. **Your number:** DMV identifying number pre-printed.
19. **If resubmission:** Enter the original ATI number provided on the reject notification to avoid paying an additional processing fee.
20. **Level of Service:** DOJ required for occupational licenses, in addition, FBI required for Business Partner Automation Program Participants, and employer testing program examiners.
21. **Operator Completing Live Scan Transaction:** Enter operator's name.
22. **Date:** Enter date transaction was completed.
23. **Transmitting Agency:** Enter live scan identification number.
24. **ATI Number:** Enter ATI number.
25. **Amount Collected:** Enter amount collected.
26. **Amount Billed:** Enter amount billed.



ADR Account Number: \_\_\_\_\_

Subscriber/Company Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_

New User's Email Address: \_\_\_\_\_

## ADR User Registration Form

All users who access DMV records must complete this form.

Please complete the form and return to [bpacompliance@sambasafety.com](mailto:bpacompliance@sambasafety.com)

This information is strictly confidential and will be used only for identification purposes in accessing DMV reports.

Name: \_\_\_\_\_  
Last First Middle Initial

PIN: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_  
(PIN must be 4 numbers, i.e., last 4 digits of SSN)

Email: \_\_\_\_\_

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### Instant/Online Access User (Employee):

1. Shall keep passwords confidential and not provide passwords to any third party.
2. Shall change passwords at least every 60 days and not use a password more than once in a 24 month period.
3. Shall only use DMV data in accordance with the terms and conditions of the American Driving Records Subscription Agreement; and not use, publish, or otherwise disclose any DMV data for any purpose or in any manner violative of any federal, state, or local law, rule, or regulation.

### Subscriber:

1. Shall limit access to DMV data only to its current employees whose responsibilities require such access and only to the extent necessary for its proper use in accordance with, and as authorized by the American Driving Records Subscription Agreement.
2. Shall **IMMEDIATELY TERMINATE** the User ID and password granted in connection with the American Driving Records Subscription Agreement for any employee who leaves the Subscriber's organization, or violates any terms or conditions of their American Driving Records Subscription Agreement.
3. Shall be liable for any unauthorized use of account number, User IDs, or passwords granted in connection with the American Driving Records Subscription Agreement.

I certify that I have read and understand the security policies and regulations stated above. I understand that failure to comply with these policies and regulations may result in disciplinary action in accordance with federal laws and regulations, and/or civil or criminal prosecution in accordance with applicable statutes.

By signing below, Subscriber warrants that they have the authority to execute this form on behalf of their organization.

Subscriber Authorized Signature

Date

Employee Signature

Date