

INV 32 (REV. 9/2007)

WARNING: DMV POLICY PROHIBITS DUPLICATION OF THIS FORM

REQUEST FOR CONFIDENTIALITY OF HOME ADDRESS

MAIL TO: DMV CONFIDENTIALITY CONFIDENTIAL RECORDS UNIT P.O. BOX 932391 MS - N227 SACRAMENTO, CA 94232-3910

For persons in an eligible classification and employed by an organization listed in Sections 1808.2, 1808.4 or 1808.6 of CVC. EMPLOYEE NAME DRIVER LICENSE NUMBER MAILING ADDRESS CITY ZIP CODE NOTICE OF TERMINATION OR RETIREMENT TERMINATION DATE RETIREMENT DATE ADD: ☐ SPOUSE/REGISTERED DOMESTIC PARTNER □ SELF ☐ CHILD(REN) □ VEHICLE(S) NAME OF SPOUSE/REGISTERED DOMESTIC PARTNER DRIVER LICENSE NUMBER SAMPLE NAME OF CHILD DRIVER LICENSE NUMBER NAME OF CHILD DRIVER LICENSE NUMBER NAME OF CHILD DRIVER LICENSE NUMBER VEHICLE LICENSE NUMBER ALL VEHICLES/VESSELS MUST BE REGISTERED SOLELY OR JOINTLY IN THE NAME OF PERSON(S) LISTED ABOVE Qualifying Employee Information: Complete the proper section (one area only) to indicate your employer. (* = Peace Officer or Attorney) A. STATE OF CALIFORNIA A Univ. of Calif. Police G Fish & Game L ☐ Legislature R
Fire Marshal B

Justice* H Health Services M □ DMV T
Treasurer С ☐ Highway Patrol I ☐ Insurance N ☐ Forestry U

State Public Def.* ☐ Corrections J

Consumer Affairs P Parks & Rec. V \(\square\) Industrial Relations F

Youth Authority K ☐ Courts of Appeal Q Develop. Services W Alcohol Bev. Cont. **B. CITY POLICE** 1 Los Angeles 3 San Diego 5
Oakland 7 San Jose 9
San Bernardino 4 Long Beach 2 San Francisco 8 🗌 Bakersfield 6 Sacramento IF OTHER CITY, Print City Name DMV Technician: Key correct 13 digit city abbreviation, as appropriate. COUNTY Enter County_ then check below. C ☐ Coroner
D ☐ District Attorney* F

Fire Department P ☐ Probation S ☐ Sheriff W
Welfare Fraud Inv. J

Court X Public Defender* If your employing agency is *not* listed above, check box and indicate employing agency and city below: 70
State 71 Federal 72 🗌 City 73 District 75 Other ☐ Railroad EMPLOYING AGENCY NAME **EMPLOYMENT VERIFICATION INFORMATION** PRINT SUPERVISOR'S NAME SUPERVISOR'S SIGNATURE PHONE NUMBER X CERTIFICATION I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. SIGNATURE OF QUALIFYING EMPLOYEE JOB TITLE/CLASSIFICATION (DO NOT ABBREVIATE) PEACE OFFICER DAYTIME TELEPHONE NUMBER ☐ Yes ☐ No DELETE: List only those driver license and/or vehicle license numbers to have confidentiality deleted. CONFIDENTIALITY DELETED CONFIDENTIALITY DELETED CONFIDENTIALITY DELETED CONFIDENTIALITY DELETED CONFIDENTIALITY DELETED SIGNATURE OF EMPLOYEE

X

COMPLETING THE INV 32

PLEASE PRESS FIRMLY TO ENSURE THE 2ND COPY IS LEGIBLE

Enter name exactly as shown on the DL/ID card, CA driver license number and mailing address.

TO ADD:

Check all appropriate boxes. If only the driver license record of the qualifying employee is to be updated, continue to the Qualifying Employee Information section.

Enter the name(s) exactly as shown on the DL/ID card for speuse/registered domestic partner and/or child(ren) and all vehicle license plate numbers to be updated. **Note:** Only a spouse/registered domestic partner and children are also eligible for confidentiality of home address. Vehicles must be registered in either the qualifying employee or eligible family member's name.

Identify the qualifying agency. Only one (1) qualifying agency may be updated.

- a. If employed by the State of California:
 - If employing agency is listed in Section A, check appropriate box.
 - If employing agency is not listed, mark Box 70 in Section D and fill in the agency name and city.
- b. If employed as a city police officer, complete Section B. If the employing city is not one of the 9 listed, fill in "Other City" line.
- c. If employed by a county agency, complete Section C.
 - If the employing agency is listed, fill in the county name and check the appropriate box.
 - If the employing agency is not listed, mark Box 75 (Other) in Section D and fill in the county, agency name and city.
- d. If not employed by any of the above qualifying agencies, complete Section D by marking the appropriate box and filling in the agency name and city.

A supervisor's name and signature is required for all requests.

Signature, classification and daytime telephone number for requester is required.

TO DELETE:

List only the driver license and/or vehicle license numbers to have confidentiality deleted. It is not necessary to delete a vehicle when sold. Upon transfer to the new registered owner, the confidentiality will automatically be deleted.

If qualifying employee has retired or terminated employment, enter the effective date in the appropriate box and sign.

The yellow copy of the INV 32 is to be retained by the employing agency in the employee's personnel file. Upon termination of employment, the yellow copy is to be forwarded to the Confidential Records Unit to suspense for removal in 3 years. In lieu of a yellow copy, an original INV 32, completed with all pertinent information including agency name, may be submitted to this department.

