

BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

P.O. Box 989002, West Sacramento, CA 95798-9002 P (916) 322-4000 (800) 952-5210 | F (916) 575-7290 | www.bsis.ca.gov



Yes*

RENEWAL APPLICATION ALL FEES ARE NON-REFUNDABLE

Have you served or are currently serving in the United States military?

	*In order to assist veterans in their transition from military service to civilian employment, BSIS has implemented the Veterans Come First Program which offers priority services to veteran applicants. Disclosure of military service is voluntary and participation in the program is optional. If you choose to use the Veteran's Come First Program, check the military status box and submit proof of military service (e.g. DD-214, DD-256, V-MET record, military orders, military I.D., etc.) along with your application.				
Private Se registration		expired for mo	re than 60 days you may r more than 30 days you	Agent Employee, or Proprietary not use this form to renew your may not use this form to renew	
(*Please typ	pe or print legibly)				
Registration #		(This re	(This request will not be processed without this number.)		
Expiration Date			Fee Amount Enclosed \$		
□ Proprietary Private Security Officer Renewal Fee (before expiration date) is \$35 Renewal Fee (after expiration date) is \$60			□ Alarm Agent Renewal Fee (before expiration date) is \$7 Renewal Fee (after expiration date) is \$32		
□ Repossessor Agent Employee Renewal Fee (before expiration date) is \$60 Renewal fee (after expiration date) is \$90			 □ Locksmith Renewal Fee (before expiration date) is \$20 Renewal Fee (after expiration date is \$30 		
Renewa Renewa	tary Private Security Employed If Fee (before expiration date) is If Fee (after expiration date) is S MUST BE COMPLETE AND THE A	s \$35 660	FEES INCLUDED OR THE A	PPLICATION MAY BE RETURNED	
(See application instructions on next page.) Last Name First Name			Middle Name	Date of Birth	
				/ /	
Address N	umber and Street	City	State Zip Code	Home Phone Number	
□ Check here if this is a new residence address not already reported to the Bureau.					
Employer Name:					
Employer	Address Number and Street	City	State Zip Code	Employer Phone Number	
Do you po	ssess a valid firearms qualification car	rd?	If yes, list your number		
I CERTIFY, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT ALL STATEMENTS ARE TRUE AND ACCURATE.					
Signature:			Date:		
(Revised 08/20	16)				

INSTRUCTIONS FOR COMPLETING RENEWAL APPLICATION

- 1. Check the type of registration you are renewing.
- 2. Note the expiration date from your current registration card. It is recommended that you submit your renewal at least 60 days prior to the expiration but no sooner than six months. If your registration has expired, you must pay the applicable delinquency fee.
- 3. Print your entire registration number including the prefix.
- 4. Print your date of birth.
- 5. Print your name, address, city, state, ZIP code and telephone number (including area code). The telephone number will be used to call you in case of any problem with your renewal.
- 6. Print the name, address and telephone number of your current employer. If not currently employed as an alarm agent, proprietary private security officer or locksmith, indicate "unemployed." **Disregard this section if you are a Proprietary Private Security Employer.**
- 7. If your address is new and has not been reported to the Bureau, indicate by checking the box.
- 8. If you have a valid firearms qualification card, print the card number (two-letter prefix and numbers).
- 9. Sign and date application.
- 10. Send your application and fee to the Bureau of Security and Investigative Services, P.O. Box 989002, West Sacramento, CA 95798.

Pursuant to the California Public Records Act (Gov. Code § 6250 et seq.) and the Information Practices Act (Civ. Code § 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the Department unless otherwise specifically exempt from disclosure under the law. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in response to a court or administrative order, a subpoena, or a search warrant.

Per the Information Practices Act, the Chief of the Bureau of Security and Investigative Services, Department of Consumer Affairs, is responsible for maintaining the information in this application. You have the right to review the records maintained on you by the Bureau or Department unless the records are exempt from disclosure by section 1798.40 of the Civil Code. Your completed application becomes the property of the Bureau and will be used by authorized personnel to determine your eligibility for a license, registration or permit. Information on your application may be transferred to other governmental or law enforcement agencies, as permitted by law.

For questions about this notice or access to your record, you may contact the Bureau of Security and Investigative Services, Attn: Public Records Liaison, P.O. Box 980550, Sacramento, CA 95798-0550, by phone at (916) 322-4000 or (800) 952-5210, or by e-mail at bsis@dca.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210 or by e-mail at dca@dca.ca.gov.