



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES
 P.O. Box 989002, West Sacramento, CA 95798-9002
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**RENEWAL APPLICATION
 ALARM COMPANY OPERATOR QUALIFIED MANAGER CERTIFICATE
 ALL FEES ARE NON-REFUNDABLE**

INSTRUCTIONS FOR COMPLETING RENEWAL APPLICATION

1. Identify the expiration date of your current certificate.
2. If your certificate has expired, you must also pay the delinquency fee and check the box below.
3. Print your name and address; check the box if changing the address.
4. Print your entire certificate number and sign and date the renewal application.
5. Do not send cash. Send a check or money order and fee(s) made payable to: Bureau of Security and Investigative Services and mail to P. O. Box 989002, West Sacramento, CA 95798.

PLEASE READ CAREFULLY

Each certificate is issued to a specific individual. All licenses must be renewed on or before the date of expiration. Submit your renewal application and fee(s) no earlier than ninety (90) days prior to the expiration date. **THE ALARM COMPANY OPERATOR QUALIFIED MANAGER CERTIFICATE MAY NOT BE RENEWED AFTER 3 YEARS FROM THE EXPIRATION DATE.** To renew the delinquent certificate the renewal fees and delinquency fees must be paid from the time the certificate expired to present.

A change of address to a post office box or a mailbox service is allowed only if there is no mail delivery to your residence address. If the address below has changed to a post office box or a mail box service, you are still required to provide your physical residence address below.

YOU MAY NOT ACT AS A QUALIFIED MANAGER OF AN ALARM COMPANY AFTER THE EXPIRATION DATE UNLESS THE CERTIFICATE IS RENEWED OR THE RENEWAL IS PENDING.

Please note, effective January 1, 1998, all licenses and registrations associated with a firearm permit must be synchronized with the same expiration date as the firearm permit. The license expiration date may reflect more than or less than the two year period. In this event, the renewal fee will be pro-rated.

Alarm Company Operator Qualified Manager (\$120)

Fee Enclosed \$ _____

Delinquent fee (\$60)

If the renewal application is postmarked after the expiration date the delinquent fee shall apply

Expiration Date ____ / ____ / ____

(Please type or print legibly)

Name:	ACQ Certificate Number:
Mailing Address: Street City State Zip Code	Phone Number: ()
Physical Address: Street City State Zip Code	<input type="checkbox"/> Check here if mailing and or physical address have changed
Email Address:	
Qualified Manager: I certify, under penalty of perjury under the laws of the State of California, that all statements attached hereto, are true and accurate.	Date:
Signature: _____	/ /
Printed Name: _____	