### INFORMATION ABOUT CERTIFICATION

#### BATON INSTRUCTOR/BATON TRAINING FACILITY

This packet contains information about obtaining a Baton Instructor or Baton Training Facility licensing/certification, descriptions of required qualifications, and license application forms. It is the policy of the Bureau of Security and Investigative Services (Bureau) to provide equal licensing opportunities for all persons without regard to race, color, religion, sex, national origin, disability, age, creed, marital status or sexual orientation.

The Bureau certifies and regulates Firearms and Baton Instructors and Firearms and Baton Training Facilities in California under provisions of the:

- California Business and Professions Code 7585-7585.20
- California Code of Regulations (formerly California Administrative Code) Title 16, Division 7, sections 600.1 – 699.41

No one may engage in any business regulated by this act in California without obtaining appropriate certification from this Bureau. Certification laws are subject to change. Applicants will be notified of amendments which may affect their applications or certifications.

#### **FEE AMOUNT AND PAYMENT**

The application fee for an initial Baton Training Facility certificate is \$700. The application fee for an initial Baton Training Instructor certificate is \$350. **Be advised that an application received without payment of the full fee amount owed will not be processed and will be returned to the applicant.** Make check payable to Bureau of Security Services or BSIS. Do not submit cash by mail. **Application fees are non-refundable.** 

## **BATON FACILITY CERTIFICATION**

The Baton Training Manual is the standard for instruction at all baton training facilities. Instructors must obtain Bureau approval before offering supplemental instruction. The Baton Manual will be forwarded upon certification of the facility.

Once the baton training facility application is complete, it should be mailed to the Bureau with the fee indicated in the Training Facilities and Instructors Schedule of Fees. Make check payable to Bureau of Security and Investigative Services or BSIS. Do not submit cash by mail. Application fees are non-refundable. Approval may be given, and a certificate issued only if the facility employs a certified baton instructor. The baton training facility certificate will be mailed to the facility upon approval. Each baton training facility must have a written procedure for the security of the examinations and baton certificates, and it must be submitted to the Bureau on demand.

## **CORPORATION APPLICANTS ONLY**

If applying for licensure as a corporation, include an endorsed copy of the Articles of Incorporation (Domestic Corporation) or an endorsed copy of the Statement and Designation by Foreign Professional Corporation Form (Foreign Corporation) filed with the California Secretary of State. A copy of Statement of Information, filed with the Secretary of State, must also accompany your application. **Approval of a corporate name by the Secretary of State does not mean the name will be automatically approved as a business name by the Bureau.** A separate application must be submitted for each certification being sought as they are separate certifications, i.e. an application should be submitted for a baton training facility and a separate application must be submitted for a firearms training facility.

### PARTICIPATING TRIBAL APPLICANTS ONLY

If applying for licensure as a participating tribe, include proof of federal registration by providing federal registration number and your Federal Employer Identification Number (FEIN).

<u>PARTNERSHIP AND CORPORATION APPLICANTS ONLY</u>: In order to access BreEZe, the Bureau's online licensing and enforcement system, all partnership and corporation applicants must include their Federal Employer Identification Number (FEIN).

## **BATON TRAINING INSTRUCTOR CERTIFICATION**

The following information will help determine whether the established minimum qualifications for certification have been met. Experience information supplied on the application will be verified. Those certified as instructors are certified to teach at Bureau-certified facilities.

Applicants must submit supporting documents establishing baton training experience.

In accordance with California Business and Professions Code section 7585.12, a baton training instructor applicant must:

• Possess an associate of arts degree in administration of justice or its equivalent,

### **AND**

Possess a baton instructor certificate issued by a federal, state or local agency <u>OR</u> one
year of verifiable baton teaching experience, <u>OR</u> its equivalent as determined by the chief.

Applicants must submit one complete application for each certification applied for, i.e., one for a baton instructor and one for a firearms instructor. They are separate certifications.

Once the training instructor certificate application is complete, it should be mailed to the Bureau with the fee indicated in the Training Facilities and Instructors Schedule of Fees. Upon approval, and after the experience and education is verified, the instructor training certificate will be mailed to the applicant.

### **POWER TO ARREST TRAINING**

Certified firearms and/or baton instructors are approved to administer the Powers to Arrest and Appropriate Use of Force Examination and all other training; a certificate or other written approval is not necessary.

## PERSONAL IDENTIFICATION FORM (Form 31F-9) (no fee required)

Each person applying for a Training Instructor Certification (Form 31F-3) and each person listed on the Application for Training Facility Certification (Form 31F-4) as an owner, partner, corporate officer, participating tribal officer and/or certified instructor must complete one of these forms and submit one passport quality photograph, taken within the past year. Any person who knowingly falsifies photographs required for licensure is guilty of a felony. This form is also to be completed for any corporate officer change or addition of corporate officers after a training facility certificate is issued. A corporate officer includes the chief executive officer, secretary, chief financial officer and any other officer who will be active in the business.

#### LIVE SCAN SITES AND FORMS

Once you have submitted your application to the Bureau, you may then proceed to a Live Scan station. Live Scan is a system for the electronic submission of fingerprints and the subsequent

automated background checks and responses. Simply go to the nearest Live Scan station to submit fingerprints to the DOJ and FBI. Visit the Bureau's website to link to the Live Scan sites and/or Live Scan forms: <a href="https://www.bsis.ca.gov/forms">https://www.bsis.ca.gov/forms</a> pubs/livescan/index.shtml.

**Disclaimer:** Please request the Live Scan operator to include your social security number (SSN) or individual taxpayer identification number (ITIN) when keying your information in order to aid the Bureau in processing your application. Please also ensure the name on your Live Scan form exactly matches the name on your application to reduce delays in processing.

## FINGERPRINT CARDS

<u>CALIFORNIA RESIDENTS</u>: The Department of Justice, with rare exceptions, will only accept electronically submitted (Live Scan) fingerprints for criminal background checks related to employment, licensing, certification, etc. California residents who do not have reasonable access to Live Scan or have a justifiable reason to submit a fingerprint card may request fingerprint cards from the Bureau for submission.

<u>NON-RESIDENTS</u>: Out-of-state applicants will be deemed to lack reasonable access to Live Scan. Accordingly, hard fingerprint cards for such individuals will not be subject to the limitations described above.

The items listed below are required for fingerprint card submissions for each person applying for an instructor certification and each person listed on the application for training facility certification as an owner, partner, participating tribal officer, or corporate officer.

- Two completed fingerprint cards
- Include payment of \$49.00

## TRAINING FACILITIES AND INSTRUCTORS SCHEDULE OF FEES

License Type	Fee Type	Fee Amount
Baton Training Facility	Initial Application	\$700
	Biennial Renewal	\$550
	Reinstatement	\$825
	Replacement Baton Facility Certificate (Large or Small Wall)	\$25
Baton Training Instructor	Initial Application	\$350
	Biennial Renewal	\$275
	Reinstatement	\$412.50
	Replacement Baton Instructor Certificate (Small Wall)	\$25

## **ANY QUESTIONS?**

If you have questions regarding the licensing process or about completion of your application, you may contact the Bureau at:

Bureau of Security and Investigative Services P.O. Box 989002 West Sacramento, CA 95798-9002 (800) 952-5210 (916) 322-4000 Facilitiesandinstructors.dca@dca.ca.gov

Although every effort has been made to assure the accuracy of this information packet, it does not have the force and effect of law, rule or regulation. Should any difference or error occur, the law will take precedence.

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## DEPARTMENT OF CONSUMER AFFAIRS BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

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





# PERSONAL IDENTIFICATION FORM DO NOT LIVE SCAN UNTIL YOU HAVE SUBMITTED YOUR APPLICATION

Each person applying for a Training Instructor Certification (Form 31F-3) and each person listed on the application for Training Facility Certification (Form 31F-4) as an owner, partner, corporate officer, participating tribal officer, and certified instructor must complete one of these forms. This form must also be completed for any corporate officer and certified instructor change or addition after a Training Facility Certification is issued. A corporate officer includes the chief executive officer, secretary, chief financial officer and any other officer who will be active in the business. This form must be accompanied by one passport quality photograph, taken within the past year.

This information is requested pursuant to California Business and Professions Code sections 480, 7582.6, 7582.19, 7585.3, 7585.11 and Labor Code section 432.7 and will be used to determine eligibility for licensure. All information is necessary, and if not provided, the application may be rejected.

Have you served or are currently serving in the United States military?  Yes*  No						
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.						
Pursuant to <u>Business and Professions Code Section 115.4</u> , beginning July 1, 2024, the bureau shall expedite the initial licensure process for an applicant who is an active duty member of the US Armed Forces and enrolled in the US Department of Defense SkillBridge program. Do you request expediting of your application under this authority? (If you select YES, you must attach documentation of enrollment to this application.)						
REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER APPLICANTS						
Business and Professions Code section 135.4 provides that the Bureau must expedite, and may assist, the initial licensure process for certain applicants described below. <b>This does not apply to applicants whose business is structured as a partnership or corporation.</b>						
Check this box if any of the following statements apply to you:						
<ul> <li>You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;</li> </ul>						
<ul> <li>You were granted asylum by the Secretary of Homeland Security or the United States         Attorney General pursuant to section 1158 of title 8 of the United States Code; or,     </li> </ul>						
You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on helplif of the United States government.						

Disclosure is voluntary. If you checked the box above you must attach evidence/documentation of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.

### ACCEPTABLE EVIDENCE/DOCUMENTATION

- Form I-94, Arrival/Departure Record, with an admission class code such as "RE" (Refugee) or "AY" (Asylee) or other information designating the person a refugee or asylee.
- Special immigrant visa that includes the visa category of "SI" or "SQ."
- Permanent Resident Card (Form I-551), commonly known as a "Green Card," with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.

(COMPLETE ELECTRONICALLY ON COMPUTER OR	PRINT CLEARLY IF HANDWRITTEN)			
1. An initial application or a change in an existing license:				
Sole Owner Partner Corp	orate Officer Baton Instructor			
Participating Tribal Officer Firearm Instructor Additional Instructor				
2. Name of Instructor				
3. Training Facility Name	4. Certification Number (if licensed)			
	4. Certification Number (il licenseu)			
5. Full Name Last First Middle	6. SSN, FEIN or ITIN (mandatory)			
7. Residence Address – Number and Street City	State Zip Code			
	·			
O. Talambana Numban	O Data of Dinth (Ma/Day/V)			
8. Telephone Number	9. Date of Birth (Mo/Day/Yr)			
Residence ( ) Business ( )				
10. Email Address (optional)	·			
11. YOUR POSITION WITH BUSINESS: (Check all that ap	nlv)			
SOLE OWNER OFFICER	F-37			
PARTNER	OFFICE HELD			
12. Have you ever applied for or received a license or regis				
Department of Consumer Affairs, the Department of Profes				
Standards, Bureau of Private Investigators and Adjusters, t				
Licensing Bureau, the Bureau of Collection and Investigative of Security and Investigative Services?	/e Services, or the Bureau			
13. Have you or any partnership or corporation of which yo	u were a member or officer			
had any license denied, suspended or revoked by any state				
agency?	NO			
14. Have you ever used a name other than your present leg	gal name? YES			
	NO			
IMPORTANT: If you answered "YES" to any of the prece	<u> </u>			
supplementary statement giving a complete and detailed used, license numbers, reasons, etc.	ed explanation, including dates, names			
ATTENTION – READ THE FOLLOWING PARAGRAPH CAREFUL	LY BEFORE SIGNING THIS FORM			
l de clare via de la caretta est la crivia e via de la la criva est the c	a of California that all information			
I declare under penalty of perjury, under the laws of the Stat contained on this Personal Identification Form and any acco				
with full knowledge that all statements made in this application				
false or dishonest answer to any question may be grounds for	· · · · · · · · · · · · · · · · · · ·			
license.				
Signature	Date			

Pursuant to Business and Professions Code section 30, providing your social security number or individual taxpayer identification number is mandatory and will be used exclusively for tax enforcement purposes and for compliance with any judgment or order for family support in accordance with section 17520 of the Family Code. Your social security number or individual taxpayer identification number may also be used for verification of licensure or examination status for national examination where licensure is reciprocal with a requesting state. If you fail to provide your social security number or individual taxpayer identification number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Submission of the requested information is mandatory. The Bureau of Security and Investigative Services cannot consider your application for licensure or renewal unless you provide all of the requested information.

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 by mail at Bureau of Security and Investigative Services, Attn: Public Records Liaison, P.O. Box 980550, Sacramento, CA phone 322-4000 (800)952-5210. 95798-0550. bγ at (916) or or bγ bsis.prarequests@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.

NOTE: ATTACH ONE PASSPORT QUALITY PHOTOGRAPH, TAKEN WITHIN THE PAST YEAR.



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## DEPARTMENT OF CONSUMER AFFAIRS BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

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



#### APPLICATION FOR BATON TRAINING FACILITY CERTIFICATION

This information is required pursuant to sections 7585.3, 7585.11, and 480 of the California Business and Professions Code and Labor Code section 432.7 and will be used to determine eligibility for certification. All information is mandatory and, if not completed, will lead to rejection of the application. When issued, a training facility certificate is valid only when that facility has a Bureau-certified instructor in its employment.

# Please note that the application and/or certification fees are non-refundable. (COMPLETE ELECTRONICALLY ON COMPUTER OR PRINT CLEARLY IF HANDWRITTEN)

1. Type of Business Organizat	ion						
□ Individual	□ Partnership			□ Corporation		□ Participating Tribe	
SSN or ITIN (Individual Ownership Only)	FEIN (Corporation or Partnership Only)		Partnership	Secretary of State Ident Number (Corporation O	nly)	Federal Registration Number/ FEIN	
2. Training Facility Name	3. Training Facility already certified				4. Trainin	g Facility F	Phone Number
5. Training Facility Address –	Number	and Str	eet	City	Sta	ate	Zip Code
Seating Capacity of Classro     Minimum	oom kimum			on of Training Site ent than item #5)	Da	ys	Times
8. Size of Practical Exercise R	oom (Ba	aton Tra	ining) L	ength Wid	lth	Height	
9. <b>Instructor Information:</b> Enter the name of each instructor who will be teaching at the facility and the type of instruction each will be providing. If a Bureau instructor certificate has not been issued, indicate that an application is attached or that it has already been submitted to the Bureau.							
Instructor Name	-	Type of	Instruction	Trainin	g Instructo	r Certificat	ion Number
10. List the name of each owned identify their position. For other corporate officer who sheet.	corporati	ions, list	t chief exec	cutive officer, secr	etary, chie	f financial o	officer, and any
Name	9				Position	on	
We declare under penalty of perjunction for Training Facility Certatements made in this application MAY BE GROUNDS F	tification are subj	and any ject to in	accompany vestigation	ring documents is tru and that ANY FALSI	ue and corre E OR DISH	ect, with full ONEST AN	knowledge that al SWER TO ANY
Signature	Date	2		Signature			Date
Signature	Date	<u> </u>		Signature			Date

SIGNATURES REQUIRED: Individuals whose names appear in item number 9 and 10 above.

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.

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YES\*

## APPLICATION FOR BATON TRAINING INSTRUCTOR CERTIFICATE

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.

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

ST	OP

## DO NOT LIVE SCAN UNTIL YOU HAVE SUBMITTED YOUR APPLICATION

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.						
This information is required pursuant to sections 7585.3, 7585.5, 7585.11, 7585.12 and 480 of the California Business and Professions Code and Labor Code section 432.7 and will be used to determine eligibility for certification. All information is mandatory and if not completed, will lead to rejection of the application.						
Please note that the application and/or certification fees are non-refundable.						
(COMPLETE ELECTRONICALLY ON COMPUTER OR PRINT CLEARLY IF HANDWRITTEN)						
1. Full Name: Last		First		Middle		
2. Residence Address	Number and Street	City	,	State	Zip Code	
3. Social Security No. o	or Individual Taxpayer Iden	tification No.	4. Home Te	elephone N	lumber	
5. Training Facility Nam		6. Facility Telephone Number ( )				
7. Facility Address	Number and Street	City		State	Zip Code	
8. Certificates of Professional or Vocational Competence (attach copies)						
	ISSUING	AUTHORITY				
Type of Certificate	(P.O.	S.T., Academic	c, etc.)	<u></u>	ate Received	
<u>1.</u> 2.						
3.						
4.						
5.						
4. 5. 6. 7.						
1.						

NAME OF EMPLOYER		TELEPHONE NUMBER		DUTIES PERFORMED:		
ADDRESS: NUMBER STREET CITY		STATE ZIP CODE				
YOUR POSITION TITLE	SUPER\	/ISOR'S NAME				
DATES EMPLOYED (Month/Day/Year) From: To:	1	TOTAL NUMBER OF HOURS WORKED				
NAME OF EMPLOYER		TELEPHONE NUMBER ( )	DUTIES PERFORMED:			
ADDRESS: NUMBER STREET	CITY	STATE ZIP CODE				
YOUR POSITION TITLE	SUPER	/ISOR'S NAME				
DATES EMPLOYED (Month/Day/Year) From: To:		TOTAL NUMBER OF HOURS WORKED				
NAME OF EMPLOYER		TELEPHONE NUMBER	DUTII	DUTIES PERFORMED:		
ADDRESS: NUMBER STREET	ADDRESS: NUMBER STREET CITY					
YOUR POSITION TITLE	SUPERV	ISOR'S NAME	_			
DATES EMPLOYED (Month/Day/Year) From: To:		TOTAL NUMBER OF HOURS WORKED				
11. List your residence addresses necessary.	for the past	five years. Give the most recent f	irst, u	sing additional shee	ets if	
NUMBER AND STREET	CITY	STATE ZIP CODE		FROM	TO	
I declare under penalty of pe in this application is true and	correct, h	aving full knowledge that all	state	ements made an	ıd	
accompanying documents ar may be grounds for denial, s	•	J	ate.			
accompanying documents ar	•	, or revocation of my certific	ate. Date			

9. EMPLOYMENT/EXPERIENCE HISTORY: Your employment history must be shown. Any lapse of

Submission of the requested information is mandatory. The Bureau of Security and Investigative Services cannot consider your application for licensure or renewal unless you provide all of the requested information.

assess a \$100 penalty against you.

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.

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