



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 575-7000
www.bsis.ca.gov



APPLICATION FOR PROPRIETARY PRIVATE SECURITY EMPLOYER

This information is requested pursuant to sections 7574.13 of the Business and Professions Code and will be used to determine eligibility for licensure. All information is necessary and if not provided, the application may be rejected.

The applicant must submit the \$75 registration fee with this application.

Department Use Only
Prefix
No.
Iss.
Exp.

The application and/or license fee shall not be refunded.

Please type or print clearly.

1. Business Name

2. Business Address – Number and Street City State Phone Number Zip Code

3. Full Name (person who will be in active charge of the security personnel within the business.) Phone Number
Responsible Person Address-Number and Street City State Zip Code

4. Type of Business Organization
Individual Partnership Corporation Limited Liability Company
Social Security No. (Individual Ownership Only) FEIN (Partnership Ownership Only)

I/We declare under penalty of perjury, under the laws of the State of California, that all information contained on this Application for License and any accompanying documents is true and correct, with full knowledge that all statements made in this form are subject to investigation and that ANY FALSE OR DISHONEST ANSWER TO ANY QUESTION MAY BE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF LICENSE.

Signature Date

SIGNATURES REQUIRED: Individuals whose names appear in item 3.