BUREAU OF SECURITY AND INVESTIGATIVE SERVICES
P.O. Box 980550
West Sacramento, CA 95798-0550
(916) 322-4000
www.bsis.ca.gov

NOTICE OF VIOLENT ACT

(Repossession Agency, Repossession Agency Qualified Manager, Repossession Agency Employee)

This information is requested pursuant to Business and Professions Code section 7507.6 and shall be provided to the Bureau within seven days after the occurrence of a violent act as defined in that code section.

NAME OF REPOSSESSION AGENCY	**LICENSE NUMBER**
ADDRESS: **Number and Street** **City** **State** **Zip**	
DATE OF INCIDENT	**TIME OF INCIDENT**
LOCATION WHERE INCIDENT OCCURED	**NAME AND ADDRESS OF REGISTERED OWNER**

Names of other involved persons (indicate registration number for each employee and the function of each unregistered person):

_____

_____

_____

_____

_____

_____

_____

IF A POLICE REPORT WAS FILED, PROVIDE THE FOLLOWING INFORMATION

NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY:	
FILE NUMBER:	**DATE FILED:**

(SEE OTHER SIDE)

Please give a brief description of the incident. Be specific. If more space is required, attach a second sheet. Be sure to sign and date the last page.

The incident occurred as follows:

I/We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature _____ Date _____

Signature of QM or Licensee _____ Date _____

The official responsible for the maintenance of information in this report is the Chief, Bureau of Security and Investigative Services, PO Box 980550, West Sacramento, CA 95798-0550. This information may be transferred to other governmental and/or enforcement agencies. Each individual has the right to review his/her records maintained by the agency, unless the records are exempted by Civil Code section 1798.40 or Government Code section 6254.