

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



ADDRESS CHANGE (PERSONAL) (Please type or print clearly)

Name:	REPORT BUSI	Social Security Number or Individual Taxpayer		
			Identification Number:	. o. mannadan tanpayo.
Date of Birth (MM/DD/YYYY):	Phone Number:		Email Address (optional)	
Old Address				
Address:		City	State	Zip
New Address				
*Address of Record:		City	State	Zip
*If you are using a P.O. Box or mail to residential address.	oox service address	as your Address	of Record, you must also	provide your
(Do not complete this field if your residential address is Residential Address		the same as you City	r Address of Record) State	Zip
Select all BSIS license types fo	r which you want	to change yo	ur address and list th	e license number.
☐ Alarm Agent		☐ Repo. Agency Employee		
☐ Alarm Co. Q.M.		☐ Repo. Agency QM		
☐ Baton Permit		☐ Security Guard		
☐ Baton Training Instructor		☐ Locksmith Employee		
☐ Firearms Permit		☐ Partner(Company)		
☐ Firearms Training Instructor		☐ Managing Member (Company)		
☐ Private Investigator QM		☐ Officer (Company)		
☐ Proprietary Security Officer				
Submit this form by: email to be address in the letterhead. Please Replacement License Updating your address will not car you need a replacement license,	se note that maile use a replacemen	ed forms take I	onger to process. ssued and mailed to yo	our new address. If
A change of address must be sub California Code of Regulations Ti Code Sections 6980.32, 7508.6,	nsaction online thromitted to the Buretle 16, Division 7,	ough <u>BreEZe</u> . eau within 30 da Section 606(b)	ays of the change taking	g place pursuant to
Signature:			Date:	