



**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](http://www.bsis.ca.gov)

## APPLICATION FOR REPLACEMENT OF FIREARMS TRAINING FACILITY CERTIFICATE

### Application Fee \$25.00

Read all instructions for completing this application on reverse side. An incomplete or incorrectly completed application will delay processing.

**COMPLETE ELECTRONICALLY ON COMPUTER OR PRINT CLEARLY IF HANDWRITTEN**

Requestor (SEE INSTRUCTIONS)	Last Name	First Name	Middle Name
Firearms Training Facility (TFF) Certificate Company Name:			
TFF Certificate Number:	TFF Certificate Expiration Date:	TFF FEIN/SSN: (SEE INSTRUCTIONS)	
TFF Address of Record (Address, City, State & Zip Code)			
TFF Physical Address (Address, City, State & Zip Code)			
<input type="checkbox"/> <b>Check box if requesting to update an address with the Bureau (SEE INSTRUCTIONS)</b>			
Requestor Telephone: (Optional) (SEE INSTRUCTIONS)		Requestor Email Address: (Optional) (SEE INSTRUCTIONS)	
<b>EXPLANATION OF WHY REPLACEMENT IS NEEDED.</b> (Explanation required pursuant to Title 16, Division 7, Section 608.3 of the California Code of Regulations)			
<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged/Destroyed <input type="checkbox"/> Other (Explain Below):			
Explanation: _____			
<b>MANDATORY DISCLOSURE LANGUAGE</b>			
<p>Submission of the requested information is required unless otherwise noted as optional. The Bureau of Security and Investigative Services (BSIS) of the Department of Consumer Affairs (Department) cannot process your Application for Replacement of Firearms Training Facility Certificate unless all requested information is provided.</p> <p>Pursuant to the Information Practices Act, the BSIS is responsible for maintaining the information in this application. You have the right to review the records maintained on you by the BSIS 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 BSIS and will be used by authorized personnel to determine your eligibility for a replacement license, registration, certificate or permit. Information on your application may be transferred to other governmental or law enforcement agencies, as permitted by law.</p> <p>Pursuant to the California Public Records Act (Gov. Code § 6250 et seq.) and the Information Practices Act (Civ. Code § 1798.61), information about persons possessing a license, certificate, permit or registration may be disclosed by the BSIS unless otherwise specifically exempt from disclosure under the law. The Address of Record of each licensee is not exempt from disclosure and will be released upon request by a member of the public. The BSIS makes every effort to protect the exempt personal information you provide us. Exempt information provided by you, however, may be disclosed in response to a court or administrative order, a subpoena, or a search warrant.</p> <p>For questions about this notice or access to your record, you may contact the BSIS by mail at Bureau of Security and Investigative Services, Attn: Custodian of Record, P.O. Box 980550, Sacramento, CA 95798-0550; by phone at (800) 952-5210; or by e-mail at <a href="mailto:bsis.prarequests@dca.ca.gov">bsis.prarequests@dca.ca.gov</a>. 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 <a href="mailto:dca@dca.ca.gov">dca@dca.ca.gov</a>.</p>			

## CERTIFICATION

I CERTIFY UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, that:

- I personally completed this application;
- To the best of my knowledge all statements on this application are true and accurate; and
- With full knowledge that all statements herein are subject to investigation and that any false, dishonest, or incomplete answer to any question on this application may be grounds for disciplinary action on any Bureau license, registration, permit, certificate or permit I hold, or may subject me to civil sanction or criminal prosecution.

Requestor Signature (No Electronic Signature/Only Handwritten Signature Accepted)

Date

## INSTRUCTIONS FOR COMPLETING APPLICATION

1. **Fee Payment:** An application received without full payment of the \$25.00 fee will not be processed and returned to the requestor. Make your check payable to Bureau of Security and Investigative Services or BSIS. Do not submit cash by mail. Application fees are non-refundable.
2. **Requestor:** Only a principal reflected in the Bureau's records as associated with the Firearms Training Facility (TFF) certificate is authorized to request a replacement TFF certificate. (Below are potential principals based on business type)
  - a. **Sole Ownership:** Only the owner associated with the certificate
  - b. **Partnership:** Only a partner associated with the certificate
  - c. **Corporation:** Only an officer associated with the certificate
3. **Company FEIN/SSN:** This information assists in identifying applicant in the Bureau's database.
4. **Email Address and Phone Number:** While optional, providing an email address and phone number may expedite the Bureau's communication with you if additional information is required to process this application.
5. **Address Information:** The address of your principal place of business must be on file with the Bureau. Generally, this is reflected as your company's address of record (AOR) in the Bureau's files. If principal place of business is a personal residence, the AOR may be a P.O. box or mailbox service.

**Address of Record (AOR):** This is the address that will appear on your certificate and where the Bureau will mail your replacement certificate and any future correspondence relating to your firearms training facility certificate. The AOR is also the address that will be disclosed in response to public records requests and/or public sales requests. If providing a P.O. box or mailbox service as your AOR, you must provide your residence address.

**Residence Address:** If AOR is P.O. box or mailbox service, your residence address is required.

**NOTE:** Changing your address(es) via this application, only changes the address for this certificate. You must file a Change of Address Form to change the address on other licenses you may hold.

## IMPORTANT INFORMATION

**Reporting Requirement for Lost/Destroyed/Stolen Certificate:** You must apply to the Bureau for a replacement within 72 hours of the certificate being lost, destroyed or stolen.

**Conducting Business While Waiting for Receipt of Your Replacement Certificate:** If your firearms training facility certificate is in current and clear status, after submitting an Application for Replacement of a Firearms Training Facility Certificate, you may conduct the business of a Bureau-certified firearms training facility while waiting to receive your replacement. Pending receipt of your replacement, you may use a hardcopy printout of your firearms training facility certificate from the Department of Consumer Affairs License Search website at <http://search.dca.ca.gov>.