



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

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



APPLICATION FOR REPLACEMENT LICENSE

\$10.00 Non-refundable Fee Per Replacement/ \$5.00 Fee for Baton Replacement
(An incomplete form will not be processed.)

SECTION A: INSTRUCTIONS (Cal. Code Regs., tit. 16, §608.3, subds. (a), (c)(2).)

- In the event of a lost, destroyed or stolen license, you must notify your employer of the loss and apply to the Chief for a replacement, certifying under penalty of perjury as to the circumstances surrounding the loss, within 72 hours.
Select each license type you are requesting a replacement for below and enter your license, registration and/or permit number. *If you are a Repossession Employee or Qualified Manager, you MUST list your Repossession Employee(s) (RAE), Repossession Qualified Manager (RAQ), and Repossession Agency Number (RA) in order for your request to be processed. (Please allow 4 – 6 weeks for processing).

SECTION B: LICENSEE INFORMATION (PLEASE PRINT)

Individual (First, Middle, Last) or Business Name

SSN/ITIN or FEIN

Date of Birth (Individual Only)

Phone Number
()

Check here if you are requesting to update your Address of Record on file with the Bureau.

Address

City

State

Zip Code

Table with 4 columns: License Type, Number (list license number), License Type, Number (list license number). Rows include Alarm Company Branch, Alarm Company Employee, Alarm Company Operator, Alarm Company Q.M., Baton Permit (\$5.00 fee), Firearms Permit, Locksmith Company, Locksmith Company Branch, Locksmith Employee, Private Investigator Branch, Private Investigator, Private Patrol Operator, Private Patrol Operator Branch, Prop. Private Security Employer, Proprietary Security Officer, Repossession Agency, *Repossession Agency Employee, *Repossession Agency Q.M., Security Guard, Training Facility Baton, Training Facility Firearm, Training Instructor Baton, Training Instructor Firearms.

SECTION C: EXPLANATION OF CIRCUMSTANCES (use additional sheets, if necessary.)

Reason for replacement: _____

SECTION D: CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate, and that my license has been lost, destroyed, stolen, etc., as specified above.

Signature of Applicant

Date