

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.)

❖ In the event of a lost, destroyed	d or stolen lic	ense, you	mus	t notify	your er	nployer of	the loss and	d apply to	the Chief	
for a replacement, certifying u	nder penalty	of perjury	as to	the circ	cumsta	nces surrou	anding the l	oss, withi	n 72 hours.	
Select each license type you are	re requesting	a replacem	nent	for belo	w and	enter your	license, reg	istration a	and/or permit	
number. *If you are a Reposse										
Employee(s) (RAE), Repossess	_	_			•	session Ag	ency Numb	er (RA) in	ı order for	
your request to be processed. (Please allow 4	l – 6 weeks	for	processii	1g).					
Y	70.									
Last	First Middle									
Address	City State						Zip Code			
ridicss	City						Zip code			
Phone Number	E-mail A	E-mail Address (not required)								
()										
Last 4 digits of your Social Security of	Гахрауег	Date of Birth (Month/D					ıy/Year)			
Identification Number					_		_			
				'	_	<u>'</u>		<u>'</u>	-11	
License Type	Num	ber			Licer	se Type		Number		
Alarm Company Branch	ACB			Private	e Patro	ol Operato	r	PPO		
				Private Patrol Operator Branch					PPB	
Alarm Company Employee	ACE			Prop. 1	Private	Security E	Employer	PSE		
Alarm Company Operator	ACO		E	Propri	ietary	Security (Officer	PSO		
Alarm Company Q.M.	ACQ			Repos	ssessio	n Agency	,	RA		
Baton Permit (\$5.00 fee)	BAT] *Repo	ssessio	n Agency E	mployee	RAE		
Firearms Permit	FQ			*Repossession Agency Q.M.					RAQ	
Locksmith Company	LCO	•		Secur	ity Gu	ıard		G		
Locksmith Company Branch	LCB			Traini	ing Fa	cility Bate	on	TFB		
Locksmith Employee	LOC			Traini	ing Fa	cility Fire	arm	TFF		
Private Investigator Branch	PIB			Traini	ing Ins	structor Ba	aton	TIB		
Private Investigator Q.M.	PI					structor Fi		TIF		
SECTION C: EXPLANATION	OF CIRCU	MSTAN	CES	(use ad	ditiona	al sheets, if	necessary.)		
Reason for replacement:										
SECTION D: CERTIFICATION			C	.,			7.		7 •	
I certify under penalty of perjury under the application are true and accurate, and that	v					v		tion with t	his	
Signature of Applicant	a my acense m	as occir rost,	, ac	oyeu, si	over, el	Da				