



**NOTICE OF VIOLENT ACT**

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

Business and Professions Code section 7507.6 requires you to provide the Bureau notice of a violent act that results in a police report or bodily harm or bodily injury, within seven (7) days. You may mail this notice to the address in the letterhead or email it to [BSIS.IncidentReports@dca.ca.gov](mailto:BSIS.IncidentReports@dca.ca.gov). This is an investigative report, which the Bureau will use to determine whether to take further action. If the Bureau finds a violation of the law, it may take disciplinary action as provided by the Business and Professions Code.

Failure to provide notice as required may result in a fine of up to \$500 for the first violation and shall not exceed \$1,000 for each violation thereafter.

**REPOSSESSION AGENCY INFORMATION**

COMPANY NAME:		LICENSE NO.:		
ADDRESS:	Number and Street	City	State	Zip
CONTACT PERSON:		TITLE:		
TELEPHONE NO.:	Business	Cell	EMAIL ADDRESS:	

**PERSON INVOLVED IN INCIDENT** Use separate sheet of paper if multiple individuals

NAME: Last First Middle			DATE OF BIRTH: (month/day/year)	
ADDRESS:	Number and Street	City	State	Zip
TELEPHONE NO. (optional):	Home	Cell	E-MAIL ADDRESS:	
REGISTRATION/LICENSE NO.:			EXPIRATION DATE:	

**INCIDENT INFORMATION** Complete all information. A separate sheet of paper may be used.

DATE OF INCIDENT:		TIME OF INCIDENT:		
WHERE DID THE INCIDENT OCCUR?				
ADDRESS WHERE INCIDENT OCCURRED				
Number and Street		City	State	Zip
DID LAW ENFORCEMENT TAKE A REPORT?		IF YES, NAME OF AGENCY		
YES <input type="checkbox"/> NO <input type="checkbox"/>				

REPORT NUMBER	DID LAW ENFORCEMENT ISSUE A CITATION OR MAKE AN ARREST? YES <input type="checkbox"/> NO <input type="checkbox"/>
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**DETAILS OF INCIDENT:** Describe circumstances leading to the violent act. Identify all participants involved in incident including name and address of suspect, names and addresses of witnesses, and if applicable, discipline imposed by employer. You must clearly describe any deaths, injuries and damages to all individuals and/or property involved. If a firearm was involved, include the number of shots fired. A separate sheet of paper may be used.

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**READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

I hereby declare under penalty of perjury, under the laws of the State of California, that the statements in this report and any separate pages comprising this report are true and correct. I understand that all statements herein are subject to investigation.

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PRINT NAME OF PERSON INVOLVED IN INCIDENT

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SIGNATURE OF PERSON INVOLVED IN INCIDENT

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EMPLOYER SIGNATURE

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EMPLOYER TITLE DATE