



**MILITARY SPOUSES/PARTNERS - APPLICATION FOR TEMPORARY COMPANY
 LICENSURE**

NOTICE

A temporary license issued by the Bureau is nonrenewable and shall expire 12 months after issuance, upon issuance or denial of a standard license, upon issuance or denial of a license by endorsement, or upon issuance or denial of an expedited license pursuant to BPC section 115.5

Definitions: For the purposes of this application, the following definitions shall apply:

- (1) "Disciplined" means that the applicant's license was placed on probation, revoked, suspended, reprovved, censured, reprimanded, restricted, limited, or conditioned.
- (2) "Jurisdiction" shall mean a California or another state's licensing board or agency, any agency of the federal government, or another country.
- (3) "Disciplinary proceeding" shall mean any proceeding or investigation under the authority of the licensing jurisdiction pursuant to which a licensee may be disciplined.

1. This application is for a:

- Alarm Company Operator
- Alarm Company Operator Qualified Manager
- Alarm Company Operator Branch Office
- Private Patrol Operator
- Private Patrol Operator Branch Office
- Locksmith Company
- Proprietary Private Security Employer
- Repossession Agency
- Repossession Agency Qualified Manager
- Private Investigator
- Private Investigator Branch Office
- Training Facility - Firearms
- Training Facility - Baton

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|--|---|--|------------------------|-------------------------|
| <u>2. Proposed Business Name</u> | | | | |
| <u>3. Business Address (Physical Location):</u> | | <u>Number and Street</u> | | |
| <u>City</u> | <u>State</u> | <u>Zip Code</u> | | |
| <u>4. Mailing Address (If Applicable):</u> | | <u>Number and Street</u> | | |
| <u>City</u> | <u>State</u> | <u>Zip Code</u> | | |
| <u>5. Type of Business Organization:</u> | | | | |
| <input type="checkbox"/> <u>Individual:</u> <input type="checkbox"/> <u>Partnership:</u> <input type="checkbox"/> <u>Corporation:</u> | | | | |
| <hr style="width: 200px; margin: 0 auto;"/> SSN or ITIN (Individual Ownership Only) | <hr style="width: 200px; margin: 0 auto;"/> FEIN (Corporation or Partnership Only) | <hr style="width: 200px; margin: 0 auto;"/> Secretary of State Identification Number (Corporation Only) | | |
| <u>List the name of each owner, partner, or corporate officer of the business and identify their position. For corporations list chief executive officer, secretary, chief financial officer, and any other corporate officer who will be active in the business. If additional space is needed, attach a separate sheet.</u> | | | | |
| <u>Name: Last</u> | <u>First</u> | <u>Middle</u> | <u>Position</u> | <u>Telephone</u> |
| <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | | | | |
| <u>Each person listed in item 5 must complete and submit a Personal Identification Form (Form 31A-9), even though the person may have previously submitted this information in connection with another license.</u> | | | | |
| <u>6. Email Address(es) if any</u> | | | | |
| <u>7. Telephone Numbers</u> | | | | |
| <u>Home</u> | <u>Mobile</u> | <u>Work</u> | | |

**U.S. MILITARY REQUIREMENT
(FOR SPOUSES/DOMESTIC PARTNERS OF U.S. MILITARY MEMBERS)**

8. Are you married to, or in a domestic partnership or other legal union, with an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders?

*YES

NO

*If YES, please provide with this application the following documentation required to process your request for a temporary license. Failure to do so shall result in the application being deemed incomplete and the application will not be processed:

- Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active duty member of the Armed Forces.
- A copy of the military orders establishing the applicant's spouse's or partner's duty station in California.

PROFESSIONAL LICENSE OR CERTIFICATION HISTORY

9. Do you hold a current, active, and unrestricted license, or comparable authority to practice as the chosen profession referenced in section 1 in extended functions in another state, district, or territory of the United States?

*YES

NO

*If YES, please submit the following with this application to the Bureau of Security and Investigative Services (BSIS):

- A copy of the applicant's current license type, registration, or other comparable authority to practice as the chosen profession referenced in section 1 in another state, district, or territory of the United States, including the number issued to the applicant by the original licensing jurisdiction, and relevant law(s) and regulation(s) under which the license was issued.
- Written verification from the applicant's original licensing jurisdiction that the applicant's license, registration, or other comparable authority ("license") is in good standing in that jurisdiction. The verification shall include all of the following:
 - The full legal name of the applicant and any other name(s) the applicant has used or has been known by.
 - The license number issued to the applicant by the original licensing jurisdiction.
 - The name and location of the licensing agency.
 - The issuance and expiration date of the license.
 - Information showing that the applicant's license is currently in good standing. For the purposes of this section, "good standing" shall mean:
 - The applicant has not been disciplined.
 - The applicant is not the subject of an unresolved complaint or review procedure.
 - The applicant is not the subject of any unresolved disciplinary proceeding.

APPLICANT'S BACKGROUND AND HISTORY

*With the exception of acts that would have constituted grounds for denial, suspension or revocation due to criminal history, if you answer YES to any of the questions in this section, you must attach a written narrative that includes the incident date, location, and outcome. If disciplined by another regulatory body, ALL certified documents must be attached with a letter of explanation. Include any disciplinary actions by another state licensing board (in or outside of California), any agency of the federal government (U.S.), the U.S. Military or another country. Pursuant to Section 480 of the Business and Professions Code, BSIS is not authorized to require an applicant to disclose any information or documentation regarding the applicant's criminal history.

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| 10. <u>Have you ever committed an act or acts in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license?</u> | <u>*YES</u> <input type="checkbox"/> | <u>NO</u> <input type="checkbox"/> |
| 11. <u>Have you ever been disciplined by a licensing entity in another jurisdiction?</u> | <u>*YES</u> <input type="checkbox"/> | <u>NO</u> <input type="checkbox"/> |
| 12. <u>Are you the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction?</u> | <u>*YES</u> <input type="checkbox"/> | <u>NO</u> <input type="checkbox"/> |

| <u>Type of Licensure</u> | <u>State or Country</u> | <u>License Number</u> | <u>Dates of Licensure</u> | | <u>Current Status of License (active, inactive, suspended, revoked, probation, other, explain).</u> |
|--------------------------|-------------------------|-----------------------|---------------------------|-----------|---|
| | | | <u>FROM</u> | <u>TO</u> | |
| | | | | | |
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ADDITIONAL EXPLANATIONS

13. If you need space for additional answers to any of the application questions, list the question number and provide additional information as needed.

APPLICATION CERTIFICATION

I hereby certify that I meets all the requirements for the temporary license, and that the information submitted in this application is accurate, to the best of my knowledge.

NOTICE: FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS GROUNDS FOR DENYING THE APPLICATION. IN ADDITION, ANY TEMPORARY LICENSE ISSUED AFTER THE APPLICATION IS PROCESSED WILL BE IMMEDIATELY TERMINATED UPON A FINDING THAT THE LICENSE HOLDER PROVIDED SUBSTANTIVELY INACCURATE INFORMATION THAT WOULD AFFECT THE PERSON'S ELIGIBILITY FOR TEMPORARY LICENSURE (BPC SECTION 115.6).

APPLICANT'S SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

Mandatory Disclosure Language

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 Initial Application unless all required information is provided. Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, Code of Federal Regulations (CFR) Section 16.34. Procedures for obtaining a copy of the FBI criminal history record are set forth at Title 28, CFR Section 16.30 through 16.33, which you can view by visiting <https://www.edo.cjis.gov>.

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 private security professional referenced in section 1. Information on your application may be transferred to other governmental or law enforcement agencies, as permitted by law.

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.

Pursuant to Business and Professions Code section 30, providing your social security number is mandatory and will be used primarily for tax enforcement purposes and for compliance with any judgment or order for family support in accordance with section 17520 of the Family Code. If you fail to provide your social security number, you will be reported to the Franchise Tax Board (FTB), which may assess a \$100 penalty against you. Further, pursuant to section 30, subdivision (m), your social security number together with your name, date of birth, and license information may be shared with the Office of the Chancellor of the California Community Colleges. The Bureau is legally prohibited from processing your application if you fail to provide your social security number or individual taxpayer identification number.

The State Board of Equalization (BOE) and the FTB may share taxpayer information with the BSIS. You are required to pay your state tax obligation. This application may be denied, or your license may be suspended if the state tax obligation is not paid and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies.

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 bsis.prarequests@dca.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs by mail at P.O. Box 989002, West Sacramento, CA 95798-9002, by phone at (800) 952-5210 or by email at bsis@dca.ca.gov.