



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES
P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000
www.bsis.ca.gov



REQUEST FOR REPLACEMENT REGISTRATION/PERMIT

(\$10 Fee Per Certified Replacement)

Registration/Permit No(s): _____

(This request will not be processed without this number)

Name: _____

Address: _____

Phone Number: _____

Type of Registration/Permit: _____

Expiration Date: _____

Reason for replacement:

I certify, under penalty of perjury, that my registration/permit has been lost, destroyed, mutilated, etc., as specified above.

Signature: _____

Date: _____