



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000 (800) 952-5210
Fax (916) 575-7290 www.bsis.ca.gov

**REQUEST FOR COMPANY NAME CHANGE
ALARM COMPANY**

(An incomplete form will not be processed.)

License Number
ACO

SECTION A: REQUIREMENTS (Bus. and Prof. Code, §7594)

❖ You may not operate under a requested company name unless and until you have obtained written authorization from the Bureau to do so.

SECTION B: OPTIONS (Cal.Code Regs., tit. 16, § 608.3.)

Would you like a duplicate of your license sent to you, reflecting your recent name change?

Yes- Please include a **\$10.00** non-refundable processing fee **for each** wall or pocket license with this form.

Wall License Quantity- _____ x \$10.00 = _____

Pocket License Quantity- _____ x \$10.00 = _____ (List names for each pocket license in the spaces provided below. If additional duplicate licenses are needed, please attach a separate paper listing name(s) for each pocket license.)

1. _____ 2. _____ 3. _____ 4. _____

No- I am submitting a name change for the sole purpose of updating the Bureau’s licensing records.

SECTION C: LICENSEE/APPLICANT INFORMATION (PLEASE PRINT)

Requestor Name	(Last)	(First)	(MI)
Position Title		Current Company Name	

SECTION D: REQUESTED COMPANY NAMES (Bus. & Prof. Code, §§7593, 7593.15, 7599.70(o).)

❖ The first name requested will be approved unless the name could be confused with, or is similar to, any federal, state, county, or municipal governmental function or agency or to any law enforcement agency. In addition, any name that may tend to describe any business function or enterprise not actually engaged in by the applicant will not be approved.

1.	4.
2.	5.
3.	6.

SECTION E: LICENSEE/ APPLICANT 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 I did not change my company name for purposes of fraud.

Signature of Applicant	Date
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