



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES
P.O. Box 989002
West Sacramento, CA 95798-9002
Phone (916) 322-4000 Fax (916) 575-7286
www.bsis.ca.gov



REQUEST FOR BATON PERMITS

Instructor must be associated with the facility indicated on the form.
(California Bureau of Security and Investigative Services Laws and Regulations,
Business and Professions Code sections 7585.14, 7585.17)

Date: _____

Facility License Number: **TFB No.** _____

Facility Name: _____

Address: _____

Phone Number: (____) _____ (____) _____

Instructor License Number: **TIB No.** _____

Instructor Name: _____

Signature of Requestor: _____

Printed Name: _____

**(The requestor identified above must be the instructor or be authorized
(in writing) by the Instructor to pick-up baton permits. No exceptions)**

Quantity of Permits Requested: _____

Amount @ \$50 each = \$ _____

Cashiering/Bureau Use Only

COUNTER Receipt No.
(if applicable)

Receipt No.

(ATS) _____ / _____

Amount Received: \$ _____

TFB
Holds? N Y

(Explain) _____
Expiration Date: _____

TIB
Holds? N Y

(Explain) _____
Expiration Date: _____

Note: Licenses must be CLEAR
and current with no outstanding
Administrative/Enforcement Holds

Permits Issued: _____ Date: _____