

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)

Facility License Number: TFB No Cashiering/Bureau Use Only Facility Name: COUNTER Receipt No. Address:	Date:	
Facility Name:		Cashiering/Bureau Use Only
		· · · ·
	Address:	
Phone Number: ()		Receipt No.
Priorie Numbel:		(ATS) /
Instructor License Number: TIB No (Explain) Instructor Name: Signature of Requestor: Signature of Requestor: TIB Printed Name: Holds? N Y (The requestor identified above must be the instructor or be authorized (in writing) by the Instructor to pick-up baton permits. No exceptions) TIB Quantity of Permits Requested: Expiration Date:	Phone Number: () ()	TFB
Instructor Name:	Instructor License Number: TIB No.	(Explain)
Printed Name:	Instructor Name:	
Printed Name: Holds? N Y (The requestor identified above must be the instructor or be authorized (in writing) by the Instructor to pick-up baton permits. No exceptions) Expiration Date: Quantity of Permits Requested: Note: Licenses must be CLEAR and current with no outstanding	Signature of Requestor:	ТІВ
(The requestor identified above must be the instructor or be authorized (in writing) by the Instructor to pick-up baton permits. No exceptions) Expiration Date: Quantity of Permits Requested:	Printed Name:	1=
Amount @ \$60 each = \$ Note: Licenses must be CLEAR and current with no outstanding		
Amount @ \$60 each = \$ and current with no outstanding	Quantity of Permits Requested:	
	Amount @ \$60 each = \$	and current with no outstanding

Permits Issued: _____ Date: _____