



**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: \_\_\_\_\_