

REPORT OF BATON PERMITS ISSUED

1. DATE PERMIT ISSUED		2. INSTRUCTOR NAME			
3. BATON FACILITY NAME		4. FACILITY CERTIFICATE NUMBER		5. INSTRUCTOR CERTIFICATE NUMBER	
6. BATON PERMIT #	7. NAME OF TRAINEE: LAST FIRST M.	8. DATE OF BIRTH	9. RESIDENCE ADDRESS: (Include number and street, city, state, and zip)	10. SOCIAL SECURITY NUMBER	11. SECURITY GUARD REGISTRATION NUMBER

I certify under penalty of perjury, under the laws of the State of California, that the listed permits were issued in accordance with section 7585.14 of the Business and Professions Code and that I was the instructor of said baton training course.

INSTRUCTOR SIGNATURE

The official responsibility for the maintenance of this information is the Chief of the Bureau of Security and Investigative Services. This information may be transferred to other governmental and/or enforcement agencies. Each individual has the right to review the records pertaining to themselves maintained by the agency unless the records are identified as confidential and exempted by section 1798.3 of the Civil Code.
