



**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**  
P.O. Box 989002, West Sacramento, CA 95798-9002  
P (916) 322-4000 (800) 952-5210 | F (916) 575-7290 | [www.bsis.ca.gov](http://www.bsis.ca.gov)



### ADDRESS CHANGE (COMPANY)

*(Please type or print clearly)*

**DO NOT USE THIS FORM TO REPORT PERSONAL ADDRESS CHANGES.**

Company Name:		Phone Number:	
Social Security Number or Individual Taxpayer Identification Number ( <i>Individual Owner Only</i> ):		Federal Employer Identification Number ( <i>Partnership, Corporation, or Limited Liability Company</i> ):	

#### Old Business Address

Address:	City	State	Zip
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#### New Business Address

*Address of Record:	City	State	Zip
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*\*If you are using a P.O. Box or mail box service address as your Address of Record, you must also provide the physical address of the business.*

<i>(Do not complete this field if your physical address is the same as your Address of Record)</i>			
Physical Address	City	State	Zip

#### Select the BSIS license type for which you want to change your address and list the license number.

<input type="checkbox"/> Alarm Company Operator	<input type="checkbox"/> Private Investigator Company
<input type="checkbox"/> Alarm Company Branch Office	<input type="checkbox"/> Private Investigator Branch Office
<input type="checkbox"/> Baton Training Facility	<input type="checkbox"/> Private Patrol Operator
<input type="checkbox"/> Firearms Training Facility	<input type="checkbox"/> Private Patrol Operator Branch Office
<input type="checkbox"/> Locksmith Company	<input type="checkbox"/> Proprietary Private Security Employer
<input type="checkbox"/> Locksmith Company Branch Office	<input type="checkbox"/> Repossession Agency

**Submit this form by: email to [bsis@dca.ca.gov](mailto:bsis@dca.ca.gov); fax to (916) 575-7290; or mail to the Bureau at the address in the letterhead. Please note that mailed forms take longer to process.**

#### Replacement License

Updating your business address will not cause a replacement license to be issued and mailed to your new address. If a replacement license is needed, you must complete and mail an [Application for Replacement License](#) along with payment or complete the transaction online through [BreZe](#).

A change of address must be submitted to the Bureau within 30 days of the change taking place pursuant to California Code of Regulations Title 16, Division 7, Section 606(b) and the California Business and Professions Code Sections 6980.32, 7508.6, 7566, 7587.14, and 7599.59.

Name ( <i>Print name of authorized owner, partner, corporate officer, managing member, or qualified manager</i> ):	
Signature:	Date: