

INFORMATION ABOUT CERTIFICATION

FIREARMS INSTRUCTOR/FIREARMS TRAINING FACILITY BATON INSTRUCTOR/BATON TRAINING FACILITY

This packet contains information about obtaining a Firearms Instructor, Firearms Training Facility, Baton Instructor, and Baton Training Facility licensing/certification, descriptions of required qualifications, and license application forms. It is the policy of the Bureau of Security and Investigative Services (Bureau) to provide equal licensing opportunities for all persons without regard to race, color, religion, sex, national origin, disability, age, creed, marital status or sexual orientation.

The Bureau certifies and regulates Firearms and Baton Instructors and Firearms and Baton Training Facilities in California under provisions of the:

- California Business and Professions Code 7585-7585.20

No one may engage in any business regulated by this act in California without obtaining appropriate certification from this Bureau. Certification laws are subject to change. Applicants will be notified of amendments which may affect their applications or certifications.

FIREARMS FACILITY CERTIFICATION

The Firearms Training Manual is the standard for instruction at all firearms training facilities. It provides for a minimum of 16 hours (classroom and range) training. Instructors must obtain Bureau approval before offering supplemental instruction. The course of training in the carrying and usage of firearms required of applicants to obtain a firearms permit shall follow the standards prescribed by the Department of Consumer Affairs pursuant to Title 16, California Code of Regulations section 635. The manual will be forwarded upon certification of the facility.

Once the firearms training facility application is complete, it should be mailed to the Bureau with the fee indicated on page 3 of this application packet. Approval may be given and a certificate issued only if the facility employs a certified firearms instructor. Upon approval, the firearm training facility certificate will be mailed to the applicant. Once in receipt of the certificate, a written request may be submitted to the Bureau for Live Scan forms or fingerprint cards, guard registration applications and firearms permit applications. Each firearms training facility must have a written procedure for the security of the written examination and it must be submitted to the Bureau on demand.

BATON FACILITY CERTIFICATION

The Baton Training Manual is the standard for instruction at all baton training facilities. Instructors must obtain Bureau approval before offering supplemental instruction. The Baton Manual will be forwarded upon certification of the facility.

Once the baton training facility application is complete, it should be mailed to the Bureau with the fee indicated on page 3 of this application packet. Approval may be given and a certificate issued only if the facility employs a certified baton instructor. The baton training facility certificate will be mailed to the facility upon approval. The instructor may then order a supply of baton certificates from the Bureau's mailroom by submitting a written request and \$50.00 for each certificate ordered. Checks and money orders should be made payable to the Bureau of Security and Investigative Services, P.O. Box 989002, West Sacramento, CA 95798. Each baton training facility must have a written procedure for the security of the examinations and baton certificates and it must be submitted to the Bureau on demand.

CORPORATION APPLICANTS ONLY

If applying for licensure as a corporation, include an endorsed copy of the Articles of Incorporation (Domestic Corporation) or an endorsed copy of the Statement and Designation by Foreign Professional Corporation Form (Foreign Corporation) filed with the California Secretary of State. A copy of Statement of Information, filed with the Secretary of State, must also accompany your application. **Approval of a corporate name by the Secretary of State does not mean the name will be automatically approved as a business name by the Bureau.** A separate application must be submitted for each certification being sought as they are separate certifications, i.e. an application should be submitted for a baton training facility and a separate application must be submitted for a firearms training facility.

PARTNERSHIP AND CORPORATION APPLICANTS ONLY: In order to access BreEZe, the Bureau's online licensing and enforcement system, all partnership and corporation applicants must include their Federal Employer Identification Number (FEIN).

FIREARMS AND BATON TRAINING INSTRUCTOR CERTIFICATION

The following information will help determine whether the established minimum qualifications for certification have been met. Experience information supplied on the application will be verified. Those certified as instructors are certified to teach at Bureau-certified facilities.

Once the training instructor certificate application is complete, it should be mailed to the Bureau with the fee indicated on the application. Upon approval, and after the experience and education is verified, the instructor training certificate will be mailed to the applicant.

FIREARMS INSTRUCTOR CERTIFICATION

In accordance with California Business and Professions Code section 7585.5, a firearms training instructor applicant must:

- Possess an associate of arts degree in administration of justice **OR** one year of teaching **OR** training experience in firearms or its equivalent;
- AND**
- Possess a police or security firearms training instructor certificate issued by the National Rifle Association or a firearms training instructor certificate issued by a federal, state or local agency.

BATON INSTRUCTOR CERTIFICATION

Applicants must submit supporting documents establishing baton training experience.

In accordance with California Business and Professions Code section 7585.12, a baton training instructor applicant must:

- Possess an associate of arts degree in administration of justice or its equivalent,
- AND**
- Possess a baton instructor certificate issued by a federal, state or local agency **OR** one year of verifiable baton teaching experience, **OR** its equivalent as determined by the chief.

Applicants must submit one complete application for each certification applied for, i.e., one for a baton instructor and one for a firearms instructor. They are separate certifications.

POWER TO ARREST TRAINING

Certified firearms and/or baton instructors are approved to administer the Powers to Arrest Examination and all other training; a certificate or other written approval is not necessary.

PERSONAL IDENTIFICATION FORM (Form 31F-9) (no fee required)

Each person applying for a Training Instructor Certification (Form 31F-3) and each person listed on the Application for Training Facility Certification (Form 31F-4) as an owner, partner, corporate officer and/or

certified instructor must complete one of these forms and submit one passport quality photograph, taken within the past year. This form is also to be completed for any corporate officer change or addition of corporate officers after a training facility certificate is issued. A corporate officer includes the chief executive officer, secretary, chief financial officer and any other officer who will be active in the business.

LIVE SCAN SITES AND FORMS

Live Scan is a system for the electronic submission of fingerprints and the subsequent automated background checks and responses. Simply go to the nearest Live Scan station to submit fingerprints to the DOJ and FBI. Visit the [Bureau's website](#) to link to the [Live Scan sites](#) and/or [Live Scan forms](#).

Disclaimer: Please request the Live Scan operator to include your social security number (SSN) or individual taxpayer identification number (ITIN) when keying your information in order to aid the Bureau in processing your application.

FINGERPRINT CARDS

CALIFORNIA RESIDENTS: The Department of Justice, with rare exceptions, will only accept electronically submitted (Live Scan) fingerprints for criminal background checks related to employment, licensing, certification, etc. California residents who do not have reasonable access to Live Scan or have a justifiable reason to submit a fingerprint card may request fingerprint cards from the Bureau for submission.

NON-RESIDENTS: Out-of-state applicants will be deemed to lack reasonable access to Live Scan. Accordingly, hard fingerprint cards for such individuals will not be subject to the limitations described above.

The items listed below are required for fingerprint card submissions for each person applying for an instructor certification and each person listed on the application for training facility certification as an owner, partner, or corporate officer.

- Two completed fingerprint cards
- Include payment of \$49.00

ANY QUESTIONS?

If you have questions regarding the licensing process or about completion of your application, you may contact the Bureau at:

Bureau of Security and Investigative Services
P.O. Box 989002
West Sacramento, CA 95798-9002
(800) 952-5210
(916) 322-4000
Facilitiesandinstructors.dca@dca.ca.gov

Although every effort has been made to assure the accuracy of this information packet, it does not have the force and effect of law, rule or regulation. Should any difference or error occur, the law will take precedence.

APPLICATION FEES

TRAINING INSTRUCTORS

Baton \$250
Firearm \$250

TRAINING FACILITIES

Baton \$500
Firearm \$500



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

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Fax (916) 575-7290 www.bsis.ca.gov



PERSONAL IDENTIFICATION FORM

Have you served or are currently serving in the United States military? [] Yes* [] No

In order to assist veterans in their transition from military service to civilian employment, BSIS has implemented the Veterans Come First Program which offers priority services to veteran applicants. Disclosure of military service is voluntary and participation in the program is optional. If you choose to use the Veteran's Come First Program, check the military status box and submit proof of military service (e.g. DD-214, DD-256, V-MET record, military orders, military I.D., etc.) along with your application.

Each person applying for a Training Instructor Certification (Form 31F-3) and each person listed on the application for Training Facility Certification (Form 31F-4) as an owner, partner, corporate officer and certified instructor must complete one of these forms. This form must also be completed for any corporate officer and certified instructor change or addition after a Training Facility Certification is issued. A corporate officer includes the chief executive officer, secretary, chief financial officer and any other officer who will be active in the business. This form must be accompanied by one passport quality photograph, taken within the past year.

This information is requested pursuant to California Business and Professions Code sections 480, 7582.6, 7582.19, 7585.3, 7585.11 and Labor Code section 432.7 and will be used to determine eligibility for licensure. All information is necessary, and if not provided, the application may be rejected.

PLEASE TYPE OR PRINT CLEARLY.

Form with fields for: 1. This application is for a: (Firearm Training Facility, Baton Training Facility); 2. An initial application or a change in an existing license: (Sole owner, Corporate Officer, Firearm Instructor, Baton Instructor, Additional Instructor); 3. Name of Instructor; 4. Training Facility Name; 5. Certification Number (if licensed); 6. Full Name (Last, First, Middle); 7. SSN or ITIN (Mandatory); 8. Residence Address (Number and Street, City, State, Zip Code); 9. Telephone Number (Residence, Business); 10. Email Address (optional); 11. Date of Birth (Mo/Day/Yr).

12. YOUR POSITION WITH BUSINESS: (Check all that apply)
[] OWNER [] OFFICER
[] PARTNER OFFICE HELD _____

13. Have you ever applied for or received a license or registration from the Department of Consumer Affairs, the Department of Professional and Vocational Standards, Bureau of Private Investigators and Adjusters, the Collection Agency Licensing Bureau, the Bureau of Collection and Investigative Services, or the Bureau of Security and Investigative Services? YES [] NO []

14. Have you or any partnership or corporation of which you were a member or officer had any license denied, suspended or revoked by any state, territory, or governmental agency? YES [] NO []

15a. Have you ever been convicted of, or pled guilty or nolo contendere to ANY criminal or civil offense in the United States, its territories, or a foreign country? This includes every citation, infraction, misdemeanor and/or felony. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) which are two years or older, as well as criminal charges dismissed under section 1000.3 of the Penal Code or equivalent non-California laws, should NOT be reported. Convictions that were later dismissed pursuant to sections 1203.4, 1203.4a, or 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed. YES [] NO []

15b. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict? YES [] NO []

16. Have you ever used a name other than your present legal name? YES [] NO []

IMPORTANT: If you answered "YES" to any of the preceding questions, attach a supplementary statement giving a complete and detailed explanation, including dates, names used, license numbers, reasons, convictions, etc.

ATTENTION – READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS FORM

I declare under penalty of perjury, under the laws of the State of California, that all information contained on this Personal Identification Form and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license.

SIGNATURE

DATE

Pursuant to Business and Professions Code section 30, providing your social security number or individual taxpayer identification number is mandatory and will be used exclusively for tax enforcement purposes and for compliance with any judgment or order for family support in accordance with section 17520 of the Family Code. Your social security number or individual taxpayer identification number may also be used for verification of licensure or examination status for national examination where licensure is reciprocal with a requesting state. If you fail to provide your social security number or individual taxpayer identification number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Submission of the requested information is mandatory. The Bureau of Security and Investigative Services cannot consider your application for licensure or renewal unless you provide all of the requested information.

Pursuant to the California Public Records Act (Gov. Code § 6250 et seq.) and the Information Practices Act (Civ. Code § 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the Department unless otherwise specifically exempt from disclosure under the law. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in response to a court or administrative order, a subpoena, or a search warrant.

Per the Information Practices Act, the Chief of the Bureau of Security and Investigative Services, Department of Consumer Affairs, is responsible for maintaining the information in this application. You have the right to review the records maintained on you by the Bureau or Department unless the records are exempt from disclosure by section 1798.40 of the Civil Code. Your completed application becomes the property of the Bureau and will be used by authorized personnel to determine your eligibility for a license, registration or permit. Information on your application may be transferred to other governmental or law enforcement agencies, as permitted by law.

For questions about this notice or access to your record, you may contact the Bureau of Security and Investigative Services, Attn: Public Records Liaison, P.O. Box 980550, Sacramento, CA 95798-0550, by phone at (916) 322-4000 or (800) 952-5210, or by e-mail at bsis@dca.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210 or by e-mail at dca@dca.ca.gov.

**Attach one passport
quality photographs, taken
within the past year**



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APPLICATION FOR TRAINING FACILITY CERTIFICATION

This information is required pursuant to sections 7585.3, 7585.11, and 480 of the California Business and Professions Code and Labor Code section 432.7, and will be used to determine eligibility for certification. All information is mandatory and, if not completed, will lead to rejection of the application. When issued, a training facility certificate is valid only when that facility has a Bureau-certified instructor in its employment.

Please note that the application and/or certification fees are non-refundable

PLEASE TYPE OR PRINT CLEARLY.

1. Type of Certification (select one) [] Firearms Training Facility [] Baton Training Facility
2. Type of Business Organization [] Individual [] Partnership [] Corporation
Social Security or Individual Taxpayer Identification Number (Individual Ownership Only) FEIN (Partnership or Corporation Only) Secretary of State Identification Number (Corporation Only)
3. Training Facility Name 4. Training Facility Number (if already certified) 5. Training Facility Phone Number ()
6. Training Facility Address - Number and Street City State Zip Code
7. Seating Capacity of Classroom Minimum Maximum 8. Location of Training Site (if different than item #6) Days Times
9. Size of Practical Exercise Room (Baton Training) Length Width Height 10. Firearms Range [] Indoor [] Outdoor
11. Firearms Range Name 12. Rangemaster Name 13. Range Telephone Number ()
14. Firearms Range Address City State Zip Code

15. Instructor Information: Enter the name of each instructor who will be teaching at the facility and the type of instruction each will be providing. If a Bureau instructor certificate has not been issued, indicate that an application is attached or that it has already been submitted to the Bureau.

Instructor Name Type of Instruction Training Instructor Certification Number

16. List the name of each owner, partner, or corporate officer of the business and identify their position. For corporations, list chief executive officer, secretary, chief financial officer, and any other corporate officer who will be active in the business. If additional space is needed, attach a separate sheet.

Name Position

I/We declare under penalty of perjury, under the laws of the State of California, that all information contained on this Application for Training Facility Certification and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that ANY FALSE OR DISHONEST ANSWER TO ANY QUESTION MAY BE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF THIS CERTIFICATE.

Signature Date Signature Date
Signature Date Signature Date

SIGNATURES REQUIRED: Individuals whose names appear in item number 15 and 16 above.

Pursuant to the California Public Records Act (Gov. Code § 6250 et seq.) and the Information Practices Act (Civ. Code § 1798.61), the names and addresses of persons possessing a license or registration may be disclosed by the Department unless otherwise specifically exempt from disclosure under the law. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in response to a court or administrative order, a subpoena, or a search warrant.

(See Next Page for Additional Information)



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APPLICATION FOR TRAINING INSTRUCTOR CERTIFICATE

Have you served or are currently serving in the United States military? [] Yes* [] No

In order to assist veterans in their transition from military service to civilian employment, BSIS has implemented the Veterans Come First Program which offers priority services to veteran applicants. Disclosure of military service is voluntary and participation in the program is optional. If you choose to use the Veteran's Come First Program, check the military status box and submit proof of military service (e.g. DD-214, DD-256, V-MET record, military orders, military I.D., etc.) along with your application.

This information is required pursuant to sections 7585.3, 7585.5, 7585.11, 7585.12 and 480 of the California Business and Professions Code and Labor Code section 432.7 and will be used to determine eligibility for certification. All information is mandatory and if not completed, will lead to rejection of the application.

Please note that the application and/or certification fees are non-refundable

PLEASE TYPE OR PRINT CLEARLY.

1. Type of Certification [] Firearms Instructor [] Baton Instructor
2. Full Name: Last First Middle
3. Residence Address Number and Street City State Zip Code
4. Social Security No. or Individual Taxpayer Identification No. 5. Home Telephone Number ()
6. Training Facility Name and Certificate Number 7. Facility Telephone Number ()
8. Facility Address Number and Street City State Zip Code
9. Certificates of Professional or Vocational Competence (attach copies)

ISSUING AUTHORITY

Table with 3 columns: Type of Certificate, (P.O.S.T., Academic, etc.), Date Received. Rows 1-7.

11. EMPLOYMENT/EXPERIENCE HISTORY: Your employment history must be shown. Any lapse of employment must be explained. List most your most recent experience first. If additional space is needed, attach a separate sheet.

NAME OF EMPLOYER		TELEPHONE NUMBER ()		DUTIES PERFORMED:
ADDRESS: NUMBER STREET		CITY	STATE ZIP CODE	
YOUR POSITION TITLE		SUPERVISOR'S NAME		
DATES EMPLOYED (Month/Day/Year) From: To:		TOTAL NUMBER OF HOURS WORKED		
NAME OF EMPLOYER		TELEPHONE NUMBER ()		DUTIES PERFORMED:
ADDRESS: NUMBER STREET		CITY	STATE ZIP CODE	
YOUR POSITION TITLE		SUPERVISOR'S NAME		
DATES EMPLOYED (Month/Day/Year) From: To:		TOTAL NUMBER OF HOURS WORKED		
NAME OF EMPLOYER		TELEPHONE NUMBER ()		DUTIES PERFORMED:
ADDRESS: NUMBER STREET		CITY	STATE ZIP CODE	
YOUR POSITION TITLE		SUPERVISOR'S NAME		
DATES EMPLOYED (Month/Day/Year) From: To:		TOTAL NUMBER OF HOURS WORKED		

10. List your residence addresses for the past five years. Give the most recent first, using additional sheets if necessary.

NUMBER AND STREET	CITY	STATE	ZIP CODE	FROM	TO

I declare under penalty of perjury, under the laws of the State of California, that the information given in this application is true and correct, having full knowledge that all statements made and accompanying documents are subject to investigation and that any false or misleading information may be grounds for denial, suspension, or revocation of my certificate.

Signature _____ Date _____

Pursuant to Business and Professions Code section 30, providing your social security number or individual taxpayer identification number is mandatory and will be used exclusively for tax enforcement purposes and for compliance with any judgment or order for family support in accordance with section 17520 of the Family Code. Your social security number or individual taxpayer identification number may also be used for verification of licensure or examination status for national examination where licensure is reciprocal with a requesting state. If you fail to provide your social security number or individual taxpayer identification number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

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