



**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 989002, West Sacramento, CA 95798-9002  
(800) 952-5210 Fax (916) 575-7290 www.bsis.ca.gov

**NOTIFICATION OF FACILITY INSTRUCTOR  
ASSOCIATION/DISASSOCIATION**

(An incomplete form will not be processed.)

Certificate(s) are valid only when the firearms/baton training facility has in its employ a firearms training instructor who has been certified by the bureau, pursuant to the Business & Professions Code Section 7585.4. Each firearms training facility or baton training facility shall notify the bureau within five working days whenever any training instructor certified by the bureau is employed or ceases to be employed with the training facility, pursuant to Business & Professions Code Section 7585.17.

**SECTION A: THE TRAINING FACILITY FIREARM OR BATON INFORMATION:**

|                                 |                     |
|---------------------------------|---------------------|
| <b>NAME: Training Facility:</b> | <b>TFF/TFB No.:</b> |
| Address:                        |                     |
| Phone Number:                   |                     |

**SECTION B: THE INSTRUCTOR INDICATED BELOW IS ASSOCIATED WITH OUR FACILITY:**

|                                   |                     |                         |
|-----------------------------------|---------------------|-------------------------|
| <b>NAME: Training Instructor:</b> | <b>TIF/TIB No.:</b> | <b>Date Associated:</b> |
| Address:                          |                     |                         |
| Phone Number:                     |                     |                         |

**SECTION C: THE FOLLOWING CERTIFICATION MUST BE SIGNED BY THE INSTRUCTOR LISTED ABOVE.**

*By signing below I have read and will abide by the Firearm and/or Baton Training Manual provided by the Bureau of Security & Investigative Services.*

|                   |       |
|-------------------|-------|
| Print Name: _____ | Date: |
| Signature: _____  |       |

**SECTION D: THE INSTRUCTOR INDICATED BELOW HAS BEEN DISASSOCIATED FROM FACILITY:**

|                                   |                    |                           |
|-----------------------------------|--------------------|---------------------------|
| <b>NAME: Training Instructor:</b> | <b>TIF/TIB No.</b> | <b>Date Disassociated</b> |
| Address:                          |                    |                           |
| Phone Number:                     |                    |                           |

**SECTION E: THIS FORM MUST BE SIGNED BY THE FACILITY OWNER, PARTNER OR CORPORATE OFFICER.**

*I certify under penalty of perjury, under the laws of the State of California, that all statements furnished in connection with this notification are true and accurate.*

|                   |       |
|-------------------|-------|
| Print Name: _____ | Date: |
| Title: _____      |       |
| Signature: _____  |       |