

**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)**BRANCH OFFICE REGISTRATION APPLICATION  
LOCKSMITH COMPANY OPERATOR**

**NOTE:** An application received without full payment will not be processed and will be returned to the applicant.

**Fee Amount Enclosed (See Instructions):** \$ \_\_\_\_\_

**COMPLETE THE FOLLOWING ABOUT THE BRANCH OFFICE**

1. Person in Charge		2. E-mail Address (Optional)		
3. Physical Branch Office Address*	No. & Street	City	State	Zip Code
4. Mailing Address (if different than the physical address)		City	State	Zip Code
5. Branch Office Telephone Number (       )				

\*A branch office address of record cannot be a post office box or mailbox service address unless mail delivery to the physical location of the business is not possible. If the address of the branch office is a post office box or mailbox service then you must state that on the application (Business and Professions Code section 6980.39).

**COMPLETE THE FOLLOWING ABOUT THE LICENSEE**

6. Business Name of Licensee ( as appears on license )		7. License No. & Exp. Date		
8. Physical Address of Principal Place of Business	No. & Street	City	State	Zip Code
9. Name of Managing Principal		10. E-mail Address (Optional)		
11. Telephone Number (       )				
12. I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA that all statements on this application are true and correct.  Managing Principal Signature: _____ Date: ____ / ____ / ____				

**INSTRUCTIONS FOR SUBMITTING THE APPLICATION**

1. Verify that the application is complete, signed, and dated.
2. Fee Amount: The application fee for an initial Locksmith Branch Office registration is \$250.00.
3. Fee Payment: An application received without payment of the full fee amount owed (see Item 2) will not be processed and will be returned to the applicant. Make check payable to Bureau of Security and Investigative Services or BSIS. Do not submit cash by mail. Application fees are non-refundable.
4. Send a check or money order (see above for fee amount) and mail to Bureau of Security and Investigative Services, P.O. Box 989002, West Sacramento, CA 95798.

**INSTRUCTIONS CONTINUED ON NEXT PAGE**

This form must be completed for application for a branch office registration. It will be used to determine branch office registration eligibility. This information is required pursuant to Business and Professions Code section 6980.39.

A branch office registration is required for each additional location separate of the principal place of business (Business and Professions Code section 6980.35). If you are simply moving the location of a branch office and want to update the address, submit a [change of address](#) to the Bureau within thirty (30) days of moving (Business and Professions Code section 6980.32 and California Code of Regulations section 606).

Submission of the requested information is mandatory. The Bureau of Security and Investigative Services cannot consider your application for branch office registration 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 by mail at 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.prarequests@dca.ca.gov](mailto:bsis.prarequests@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](mailto:dca@dca.ca.gov).