

INFORMATION ABOUT LICENSING

LOCKSMITH COMPANY

This packet contains information about obtaining a Locksmith Company license, 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 licenses and regulates Locksmiths in California under the provisions of the:

- California Business and Professions Code 6980-6980.84
- California Code of Regulations (formerly California Administrative Code)
Title 16, Division 7

No person may engage in the business of a Locksmith in California without obtaining the proper license from this Bureau. Any person who operates without a license, unless exempted, or who represents himself or herself to be licensed and is not licensed, is guilty of a misdemeanor, which is punishable by a fine and/or imprisonment. Licensing laws and regulations are subject to change. Applicants are responsible for staying informed of legislative or regulatory changes which may affect the status of their application. If any such changes affect the status of an application after it has been filed with the Bureau, the applicant will be notified.

GENERAL QUALIFICATIONS FOR LICENSURE

Each person listed on the application (owner, partner, corporate officer, person to be in active charge) is required to meet certain general qualifications regarding fitness for licensure.

The person who will be in active charge of the business for a Locksmith Company is referred to as the person in active charge. Each company license must have one person designated for this duty. The person in active charge may be an owner, partner, or corporate officer.

DENIAL OF LICENSURE

A criminal history check is made on all applicants through the completion of a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) Live Scan. The director may deny a license if any person listed on the application as owner, partner, corporate officer or person in active charge have done any of the following:

- Been convicted of a crime. Any conviction of any crime or plea of nolo contendere, even if the conviction was dismissed under Penal Code section 1203.4, 1203.4a or 1203.41 must be disclosed on the application.
- Committed any act involving dishonesty, fraud or deceit with the intent to substantially benefit himself or herself, or injure another.
- Committed any act which, if done by a licensee of the business or profession in question, would be grounds for suspension or revocation of the license.
- Knowingly made a false statement of fact required to be revealed on the license application.
- Had a license which is under suspension.
- Been refused a license or had a license revoked, or been an officer, partner or manager of any business that has been refused a license or had a license revoked by the Bureau.

- While unlicensed, committed, or aided and abetted the commission of, any act for which said license is required.

If a denial of licensure is based on a previous criminal act by the applicant, the crime or act must be substantially related to the qualifications, functions or duties of the business or profession for which the application is made.

APPLICATION PROCESSING TIMEFRAME

The following items may affect the time required to issue a license: incomplete application forms; incorrect or nonpayment of fees; the DOJ and FBI's response time on criminal history checks; and the time required to verify application information.

Please allow a minimum of four weeks before contacting the Bureau regarding the status of an application.

FORMS REQUIRED FOR LICENSE APPLICATION

The following is a description of each type of form that must be included with the application. All required forms must be completed and submitted to the Bureau with the appropriate fees before the application will be processed. The attached Locksmith Company Application Forms Checklist on page 5 lists the forms required for a Locksmith Company license. Please check the completed application package against this list before submitting it to the Bureau.

APPLICATION FOR LICENSE (Form 31E-4) (fee required)

A separate Locksmith Company application must be filed for each entity applying for a license. For example, if an applicant wants to have a Locksmith Company sole ownership in addition to having a partnership with someone else, the applicant must file two separate Locksmith Company applications.

Licenses are not transferable or assignable to new entities, and a change in ownership constitutes a new entity, with a newly assigned Locksmith Company license number. If the type of ownership/entity changes after filing an application or after becoming licensed, the applicant must submit a new application with the appropriate fees. For example, if a licensed sole owner later decides to form a partnership or corporation, the sole owner licensee must apply for a new license for the partnership or corporation.

Business address: A post office box or mailbox service may not be used as the address of record unless mail delivery to the physical location of the business is not possible or the principal place of business is located in your personal residence. If a post office box or mailbox service is listed as the address of record, the applicant must include an explanation for doing so with the application and provide the physical location/address of the business with the explanation.

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 the Statement of Information, filed with the California Secretary of State, must also accompany your application.

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

Each person listed on the Locksmith Company Application for License as an owner, partner, corporate officer and/or person to be in active charge of the business must complete one of these forms and submit one passport quality photograph, taken within the past year. Any person who knowingly falsifies photographs required for licensure is guilty of a felony.

If the applicant has ever been convicted of a crime, it must be disclosed on this form along with an explanation of the circumstances. A conviction dismissed under Penal Code section 1203.4, 1203.4a or 1203.41 or a plea of nolo contendere must be disclosed.

REQUEST FOR AUTHORIZATION OF BUSINESS NAME (Form 31E-12) (no fee required)

Business may not be conducted under a fictitious or other business name unless written authorization is received from this Bureau.

The Bureau recommends that an applicant wait until the issuance of a Locksmith Company license before incurring expenses related to the use of the name, e.g., stationery, business cards, advertising, telephone listings, etc. for the Locksmith Company. **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.**

The Request for Authorization of Business Name form will not be processed before receipt of an application and fees. List business names to be considered in order of preference. Name approval or disapproval is not available by telephone. Applicants will be notified of name approval or disapproval after review and acceptance of the application.

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 or individual taxpayer identification number 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

ABANDONMENT OF APPLICATIONS

If an applicant does not complete the license application process within one year after the application is filed with the Bureau, the application will be considered abandoned. Once an application is considered abandoned, the applicant will be required to submit a new Live Scan form, a new application, and appropriate fees.

FINAL STEPS IN THE LICENSING PROCESS

When all requirements are met for licensing, including the requirements for the person to be in active charge of the Locksmith Company, the applicant will be notified to send the following items:

- License fee, if not already paid.
- Any additional information needed to complete the application.
- **For applicants who applied as a corporation:** Articles of Incorporation or Statement and Designation as a Foreign Corporation from the California Secretary of State, if not already submitted.

ANY QUESTIONS?

If you have questions regarding the Locksmith Company 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
Locksmiths@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.

LOCKSMITH COMPANY APPLICATION FORMS CHECKLIST

APPLICATION AND FINGERPRINT PROCESSING FEES ARE NON-REFUNDABLE.

This form is for your use only. Please do not submit it to the Bureau with your application. Check off each form that you have completed. When all pertinent forms are checked off, submit your application package and appropriate fees to the Bureau. Make checks payable to the Bureau of Security and Investigative Services.

- | | | |
|--------------------------|---|--|
| <input type="checkbox"/> | Application for License (Form 31E-4) | Application Processing
Fee: <u>\$ 30.00</u> |
| <input type="checkbox"/> | Personal Identification Form (Form 31E-9)
One form and one passport quality photograph, taken within
the past year, for <u>each</u> owner, partner, corporate officer and
manager. | License Fee: <u>\$ 45.00</u> |
| <input type="checkbox"/> | Second copy of the Live Scan form signed by the Live Scan
Operator, for each owner, partner, corporate officer and
qualified manager. | |
| <input type="checkbox"/> | Request for Authorization of Business Name (Form 31E-12) | |
| <input type="checkbox"/> | Copy of Fictitious Name Statement filed with the county clerk. | |
| <input type="checkbox"/> | Corporation Applicants Only: (1) Copy of endorsed Articles
of Incorporation (Domestic Corporation) or a copy of
endorsed Statement and Designation by Foreign
Professional Corporation Form (Foreign Corporation) filed
with the California Secretary of State, and (2) Copy of
Statement of Information filed with the Secretary of State. | |
| <input type="checkbox"/> | Corporation or Partnership Applicants Only: In order to
access BreZE, the Bureau's online licensing and
enforcement system, you must include your Federal
Employer Identification Number (FEIN) on page 6 of your
application packet. | |



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

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



LOCKSMITH COMPANY
APPLICATION FOR LICENSE

This information is requested pursuant to California Business and Professions Code section 6980.14 and will be used to determine eligibility for licensure. All information is necessary and if not provided, the application may be rejected. You must submit the licensing fee(s) with your application package. Failure to do so may delay the processing of your application.

Please note that the application processing fee and/or license fees are non-refundable.

PLEASE TYPE OR PRINT CLEARLY.

1. Proposed Business Name

2. Business Address – Number and Street City State Zip Code

3. Person in Active Charge Full Name

4. Telephone – Business Residence
() ()

5. Type of Business Organization
[] Individual [] Partnership [] Corporation

Social Security or Individual Taxpayer Identification No. FEIN (Corporation or Partnership Only) Secretary of State Identification Number (Individual Ownership Only) (Corporation Only)

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.

Table with 5 columns: Name – Last, First, Middle, Position, Telephone. Includes three rows for data entry.

Each person listed in items 3 and 5 must complete and submit a Locksmith Company Personal Identification Form (Form 31E-9), even though the person may have previously submitted this information in connection with another license.

I/We declare under penalty of perjury, under the laws of the State of California, that all information contained on this Application for License and any accompanying documents is true and correct, with full knowledge that all statements made in this form 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 Signature Date
Signature Date Signature Date
Signature Date Signature Date

SIGNATURES REQUIRED: Individuals whose names appear in item 3 and 5.

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.



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PERSONAL IDENTIFICATION FORM
LOCKSMITH COMPANY PRINCIPALS & CORPORATE OFFICERS

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 listed on the Locksmith Company Application for License (Form 31E-4) as an owner, partner, corporate officer, and person to be in active charge of the business must complete and submit this form. This form is also to be completed for any change in corporate officer or person to be in active charge of the Locksmith Company after the license 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, 6980.18, 6980.19, 6980.20, and 6980.21 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: [] Locksmith Company; 2. A change in an existing license: [] Corporate Officer, [] Person in active charge, [] Other; 3. Name of Person in Active Charge (Please Print); 4. Business Name; 5. License Number (if licensed); 6. Full Name (Last, First, Middle); 7. Social Security or Individual Taxpayer Identification Number (Mandatory); 8. Residence Address - Number and Street, City, State, Zip Code; 9. Telephone Number (Residence, Business); 10. E-mail Address (optional); 11. Date of Birth (Mo/Day/Yr).

12. YOUR POSITION WITH BUSINESS: (Check all that apply)
[] OWNER [] PERSON IN ACTIVE CHARGE
[] PARTNER [] OFFICER 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

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

Pursuant to Business and Professions Code section 30, providing your social security 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 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 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.



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LOCKSMITH COMPANY
REQUEST FOR AUTHORIZATION OF BUSINESS NAME

Any name under which you intend to do business, including your own name, must be submitted to the Bureau for approval pursuant to California Business and Professions Code section 6980.17. A Request for Authorization of Business Name form will not be accepted prior to application for license. Business may not be conducted under a fictitious or other business name unless written authorization is received from the Bureau. Any advertisement must contain the exact business name as approved by the Bureau.

Locksmith Company: Business and Professions Code section 6980.17(c) states:

No license shall be issued in any fictitious name that may be confused with, or that is similar to any federal, state, county, or municipal governmental function or agency, or to any law enforcement agency, or in any name that may tend to describe any business function or enterprise not actually engaged in by the applicant. Business and Professions Code section 6980.17(d) states: No license shall be issued in any fictitious name that is misleading or would constitute false advertising.

* The Bureau must maintain a physical address of record on file at all times. If mail delivery to the physical location of the business is not possible, please list a mailing address in addition to the physical business address. If you are operating out of your residence and wish to keep your physical address confidential from public record, please submit a written request and attach it with this form.

1. Name of Person in Active Charge
2. *Physical Business Address – Number and Street City State Zip Code
3. *Mailing Address (If applicable) City State Zip Code
4. Telephone Number Residence () Business ()
5. List proposed business names in the order of preference. At least three choices should be provided if a fictitious name is requested; however, five choices are preferable. If the first name listed is approved, additional names will not be considered. Other criteria for name approval:
- If initials are to be used as part of the name, you must explain what they stand for.
- The use of the following words will not be approved for an individual or partnership license: Corporation, Corp., Incorporated, Inc.
- The following words or initials will not be approved as part of a fictitious or business name: U.S., United States, Federal, State, Bureau, Police, Task Force, Community, County.
1.
2.
3.
4.
5.

Table with 2 columns: Approved, Disapproved. Header: Department Use Only. Contains 5 empty rows for tracking name approval status.

6. CERTIFICATION:
If type of license is individual, the owner must sign.
If type of license is a partnership, all partners must sign.
If type of license is a corporation, a responsible corporate officer must sign.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature _____ Title _____ Date _____
Signature _____ Title _____ Date _____
Signature _____ Title _____ Date _____
Signature _____ Title _____ Date _____

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