



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

Post Office Box 989002
West Sacramento, CA 95798-9002
Phone (916) 322-4000 (800) 952-5210
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**REQUEST FOR COMPANY NAME CHANGE
PRIVATE INVESTIGATOR**

\$25.00 Non-Refundable Fee
(An incomplete form will not be processed.)

License Number
PI

SECTION A: FEES & REQUIREMENTS (Bus. & Prof. Code, §§7530, 7532.)

- ❖ To change your business name, please include a **\$25.00** non-refundable processing fee with this form for the issuance of a new license.
- ❖ A change in business structure constitutes a new entity and a new application with appropriate fees must be submitted to the Bureau. For example: if you apply and become licensed as a sole owner and later decide to form a corporation, you must apply for a new license. (Cal. Code Regs., title 16, Division 7, §607.4)
- ❖ You may not operate under a requested company name unless and until you have obtained written authorization of the Bureau to do so.

SECTION B: LICENSEE/APPLICANT INFORMATION (PLEASE PRINT)

Requestor Name	(Last)	(First)	(MI)
Position Title	Current Company Name		
Last 4 digits of your SSN or ITIN	Date of Birth (Month/Day/Year)		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

SECTION C: REQUESTED COMPANY NAMES (Bus. & Prof. Code, §7532.)

- ❖ Please list at least five names for consideration. The first name requested will be approved unless the name is so similar to that of a public officer or agency or any name that is being used by another licensee that the public may be confused or misled thereby.

1.	4.
2.	5.
3.	6.

SECTION D: LICENSEE/ APPLICANT CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate, and that I did not change my company name for purposes of fraud.

Signature of Applicant	Date
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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.