INFORMATION ABOUT LICENSING

PRIVATE PATROL OPERATOR AND PRIVATE PATROL OPERATOR QUALIFIED MANAGER

This packet contains information about obtaining a Private Patrol Operator license and a Private Patrol Operator Qualified Manager certificate, 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 Private Patrol Operators in California under the provisions of the:

- California Business and Professions Code 7580-7588.5
- California Code of Regulations (formerly California Administrative Code) Title 16, Division 7, sections 600.1 – 645

No person may engage in the business of a Private Patrol Operator 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.

FEE AMOUNT AND PAYMENT

Two separate fees are required to process a Private Patrol Operator application for an initial license: the $605 initial application and the $847 initial license fee ($1,452 total).

The fee required to process a Private Patrol Operator Qualified Manager application for an initial certificate is $385.

Be advised that an application received without payment of the full application fee amount owed 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.**

GENERAL QUALIFICATIONS FOR LICENSURE

Each person listed on the application (owner, partner, corporate officer, qualified manager, participating tribal officer) is required to meet certain general qualifications regarding fitness for licensure.
The person who will be in active charge of the business for a Private Patrol Operator is referred to as the qualified manager. Each company license must have one person designated as the qualified manager and that person must meet the general license qualifications, as well as more specific qualifications regarding age, experience and examination. The qualified manager may be an owner, partner, corporate officer, participating tribal officer, or any other person meeting the requirements for a qualified manager.

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 an owner, partner, participating tribal officer, corporate officer or qualified manager have done any of the following:

- Been convicted of a crime substantially related to the qualifications, functions or duties of the business or profession for which the application is made.
- 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 owner, partner, corporate officer or qualified 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.

APPLICATION PROCESSING TIMEFRAME

The following items may affect the time required to process your application: incomplete application forms; incorrect or nonpayment of fees; passing the examination; 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 your application. All required forms must be completed and submitted to the Bureau with the appropriate fees before the application will be processed. The attached Private Patrol Operator Application Forms Checklist lists the forms required for a Private Patrol Operator license. Please check the completed application package against this list before submitting it to the Bureau.

APPLICATION FOR LICENSE (Form 31A-4) **(fee required)**

A separate Private Patrol Operator application must be filed for each entity applying for a license. For example, if a Private Patrol Operator sole owner wants to have a partnership with someone else, the sole owner must file two separate Private Patrol Operator applications.

Licenses are not transferable or assignable to new entities, and a change in ownership constitutes a new entity, with a newly assigned Private Patrol Operator license number.

If the type of ownership/entity is changed after filing an application or after becoming licensed, a new application must be submitted with the appropriate fees. For example, if a licensed sole owner later decides to form a partnership or corporation, the sole owner must apply for a new license to do business as a partnership or corporation.

Note: If applying for a Private Patrol Operator Qualified Manager license only, there is no need to complete the Application for License (Form 31A-4).

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 the applicant/licensee's personal residence. If a post office box or mailbox service is listed as the business address, the licensee should provide an explanation for doing so with the application and provide the actual physical location/address of the business in the accompanying explanation.

Insurance Requirement: ALL licensed Private Patrol Operators must maintain general liability insurance as a condition of licensure. Specifically, Private Patrol Operators are required to have commercial general liability insurance policies which provide minimum limits of one million dollars

($1,000,000) for any one loss or occurrence due to bodily injury, including death, or property damage, or both.

Since the Certificate of Liability must include your company's name, the Bureau recommends that applicants wait until receiving written authorization from the Bureau of your business name before submitting the Certificate of Liability Insurance document.

Private Patrol Operator applicants and licensees must submit a Certificate of Liability Insurance to the Bureau as proof that the insurance requirement is being met. The Certificate of Liability Insurance must include:

- Your company name;
- The insurance policy number; and
- The dates the coverage of insurance commenced and expires.

Current licensees submitting updated Certificates of Liability Insurance need to include their Private Patrol Operator license number on the Certificate of Liability Insurance. Failure to provide or maintain proof of liability insurance with the Bureau shall result in an automatic suspension of the Private Patrol Operator license. All Private Patrol Operators are responsible for ensuring the Bureau has current insurance information on file at all times, which means all Private Patrol Operators must submit a new Certificate of Liability Insurance when a current policy expires.

Corporation Applicants: 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 Secretary of State, must also accompany the application.

PERSONAL IDENTIFICATION FORM (Form 31A-9) (no fee required)
Each person listed on the Private Patrol Operator Application for License as an owner, partner, corporate officer, participating tribal officer, and/or qualified manager 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.

Participating Tribal Applicants:
If applying for licensure as a participating tribe, include proof of federal registration by providing federal registration number and Federal Employer Identification Number (FEIN).

QUALIFIED MANAGER - GENERAL REQUIREMENTS

QUALIFYING EXPERIENCE FORM (Form 31A-8) (no fee required)
This form must be completed for persons applying for examination as a qualified manager for a Private Patrol Operator license. **All qualifying experience for the qualified manager must be certified on this form by someone other than the applicant.** A separate form is to be used by each person who is certifying experience and for each employer. All military qualifying experience must be supported by a copy of the applicant's DD-214 or Performance Evaluation Report. Additional support of experience may

be required as requested by the Bureau. Three years of experience is equivalent to a minimum of 6,000 hours of compensated time in the required field.

The person who is designated as the qualified manager must meet these general requirements in addition to the experience requirement listed below:

- Be at least 18 years of age.
- Attain a passing score on the written examination.
- Three years of compensated experience totaling not less than **6,000** hours in the following:
- Two years of compensated experience totaling not less than 4,000 hours as a patrolperson, guard or watchman, or the equivalent thereof.
- One year of compensated experience totaling not less than 2,000 hours as a manager or in an administrative position with a licensed and current private patrol operator.

Note: If an applicant has previously passed the examination for a Private Patrol Operator Qualified Manager and/or currently holds a valid license, the applicant does not have to retake the exam.

Examination: Examinations are designed to determine proficiency of the applicant to engage in the business of a Private Patrol Operator, as a qualified manager. In order to be considered for examination, the Bureau must receive the completed application and appropriate fee(s).

After the application is approved, the applicant's name and address will be sent to Psychological Services Industry (PSI). PSI will mail the applicant a candidate handbook and study materials. Upon receipt of this information the applicant may contact PSI at the phone number provided in the handbook and schedule the date, time and location for examination.

Disclaimer: Successfully passing the Private Patrol Operator Qualified Manager examination does not guarantee that an applicant will be issued a Private Patrol Operator Qualified Manager certificate and/or a Private Patrol Operator license from the Bureau.

Examinees requiring special testing arrangements due to a physical or mental impairment must submit a request to the Bureau for such arrangements. This request must be in writing and include supporting documentation from a physician or other qualified professional.

Re-Examination: If the applicant does not pass the Private Patrol Operator exam, or is unable to attend the scheduled exam date, the applicant may apply to sit for the exam at a later date by submitting a written request or an application for re-examination (form is attached to the results notice) and the appropriate fee. The applicant will receive the candidate handbook and study materials from PSI. Once this information is received, the applicant may schedule an appointment with PSI to take the exam.

REQUEST FOR AUTHORIZATION OF BUSINESS NAME (Form 31A-12) (no fee required)
Business may not be conducted under a fictitious or other business name unless written authorization is received from the Bureau.

The Bureau recommends that applicants wait until the issuance of a Private Patrol Operator license before incurring expenses related to the use of the name, e.g., stationery, business cards, advertising, telephone listings, etc. for the Private Patrol Operator 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 who have already passed the required examination will be notified of name approval or disapproval after review and acceptance of the application. New applicants will be advised of name approval or disapproval with notification of passing the written examination.

Note: If applying for a Private Patrol Operator Qualified Manager certificate only, there is no need to complete the Request for Authorization of Business Name (Form 31A-12).

LIVE SCAN SITES AND FORMS

Once you have submitted your application to the Bureau, you may then proceed to a Live Scan station. 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 view a list of Live Scan sites and/or Live Scan forms: https://www.bsis.ca.gov/forms_pubs/livescan/index.shtml.

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. Please also ensure the name on your Live Scan form exactly matches the name on your application to reduce delays in processing.

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 approval as a Private Patrol Operator Qualified Manager and each person listed on the application for licensure as an owner, partner, or corporate officer.

- Two completed fingerprint cards
- Include payment of $49.00

ABANDONMENT OF APPLICATIONS

If the applicant does not complete the license application process within one year after filing the application with the Bureau, or if does not pass the examination within a one-year period after becoming eligible, the application will be considered abandoned. The date the application will be considered abandoned is included in the applicant's examination scheduling letter. Once the 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 qualified manager, the

applicant will be notified to send the following items:

- License fee, if not already paid (see Schedule of Fees).
- Any additional information needed to complete the application.
- Certificate of Liability Insurance
- **For Applicants Who Applied as A Corporation**: 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, if not already submitted.

SCHEDULE OF FEES

Fee Type	Fee Amount
Company Initial Application	$605
Company Initial License	$847
Total Company Initial Fee	**$1,452**
Qualified Manager Initial Application and Exam	$385
Qualified Manager Re-Exam	$66
Biennial Company Renewal	$990
Delinquent Company Renewal ($990 renewal fee + $495 delinquency fee)	$1,485
Biennial Qualified Manager Renewal	$248
Delinquent Qualified Manager Renewal ($248 renewal fee + $124 delinquency fee)	$372
Replacement Wall License (Large or Small Wall)	$25
Replacement Pocket Card (for Company Principals or Qualified Managers)	$25

ANY QUESTIONS?

If you have questions regarding the Private Patrol Operator 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
PrivateSecurityServices@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.

PRIVATE PATROL OPERATOR AND PRIVATE PATROL OPERATOR QUALIFIED MANAGER 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.

PRIVATE PATROL OPERATOR

If you do not have a qualified manager who already has a current qualification certificate, you must also send the forms listed for the qualified manager. If you are applying only to become certified as a private patrol operator qualified manager, do not complete these forms – see forms list for qualified manager.

Application for License (Form 31A-4)

Application Processing Fee: $605

Personal Identification Form (Form 31A-9)
One form and one passport quality photograph, taken within the past year, for each owner, partner, corporate officer, participating tribal officer, and manager.

License Fee (Fee payable once a certified qualified manager is in place): $847

Request for Authorization of Business Name (Form 31A-12)

Certificate of Liability Insurance

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. (2) Copy of Statement of Information filed with the Secretary of State.

Corporation or Partnership Applicants Only: In order to access BreEZe, the Bureau's online licensing and enforcement system, you must include your Federal Employer Identification Number (FEIN) on page 8 of your application packet.

Participating Tribal Officer Applicants Only: (1) Proof of federal registration and Federal Employer Identification Number (FEIN)

QUALIFIED MANAGER ONLY

Personal Identification Form (Form 31A-9)
One form and one passport quality photograph, taken within the past year.

NOTE: The application/examination fee paid with the Private Patrol Operator (PPO) application provides for the Qualified Manager (QM) associated with the application to sit for the examination.

Qualifying Experience (Form 31A-8)
One form from each person who is certifying the required work experience.

Application Processing Fee/ Examination Fee: $385

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BUREAU OF SECURITY AND INVESTIGATIVE SERVICES
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P (916) 322-4000 | P (800) 952-5210 | F (916) 575-7290 | www.bsis.ca.gov

PRIVATE PATROL OPERATOR
APPLICATION FOR LICENSE

STOP DO NOT LIVE SCAN UNTIL YOU HAVE SUBMITTED YOUR APPLICATION

This information is requested pursuant to California Business and Professions Code section 7582 and 7582.7 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 application/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.**

If the qualified manager has already passed the Bureau examination and is still eligible to be a qualified manager, you may submit the application processing fee and the license fee with this application.

PLEASE TYPE OR PRINT CLEARLY.

1. Proposed Business Name

2. Business Address (Physical Location) Number and Street City State Zip Code

3. Mailing Address (If Applicable) Number and Street City State Zip Code

4. Qualified Manager's Full Name

5. Qualified Manager License Number (if licensed) Telephone – Business (Residence (

6. Type of Business Organization

Individual _____ SSN or ITIN (Individual Ownership Only)

Partnership _____ FEIN (Corporation or Partnership Only)

Corporation _____ Secretary of State Identification Number (Corporation Only)

Participating Tribe _____ Federal Employer Identification Number (FEIN)

7. List the name of each owner, partner, participating tribal officer 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 – Last	First	Middle	Position	Telephone

Each person listed in items 4 and 7 must complete and submit a Private Patrol Operator Personal Identification Form (Form 31A-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 4 and 7.

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 § 7920.000 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. 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
PRIVATE PATROL OPERATOR, PRINCIPALS, CORPORATE OFFICERS, PARTICIPATING TRIBAL OFFICERS, AND PRIVATE PATROL OPERATOR QUALIFIED MANAGER

STOP DO NOT LIVE SCAN UNTIL YOU HAVE SUBMITTED YOUR APPLICATION

Each person listed on the Private Patrol Operator Application for License (Form 31A-4) as an owner, partner, participating tribal officer, corporate officer, and qualified manager of the business must complete and submit this form. **This form is also to be completed for any change in officer or qualified manager 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, 7582.6, 7582.19 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.

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.

Pursuant to Business and Professions Code Section 115.4, beginning July 1, 2024, the bureau shall expedite the initial licensure process for an applicant who is an active duty member of the US Armed Forces and enrolled in the US Department of Defense SkillBridge program. Do you request expediting of your application under this authority? (If you select YES, you must attach documentation of enrollment to this application.)

REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER APPLICANTS

Business and Professions Code section 135.4 provides that the Bureau must expedite, and may assist, the initial licensure process for certain applicants described below. **This does not apply to applicants whose business is structured as a partnership or corporation.**

Check this box if any of the following statements apply to you:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

Disclosure is voluntary. If you checked the box above you must attach evidence/documentation of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.

ACCEPTABLE EVIDENCE/DOCUMENTATION

- Form I-94, Arrival/Departure Record, with an admission class code such as “RE” (Refugee) or “AY” (Asylee) or other information designating the person a refugee or asylee.
- Special immigrant visa that includes the visa category of “SI” or “SQ.”
- Permanent Resident Card (Form I-551), commonly known as a “Green Card,” with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.

PLEASE TYPE OR PRINT CLEARLY.

1. This application is for a: Private Patrol Operator License Private Patrol Operator Qualified Manager	2. A change in an existing license: Corporate Officer Other Qualified Manager Participating Tribal Officer
3. Name of Qualified Manager (Please Print)	
4. Business Name	5. License Number (if licensed)
6. Full Name Last First Middle	
7. SSN or ITIN (Mandatory)	8. Date of Birth (Mo/Day/Yr)
9. Residence Address – Number and Street City State Zip Code	
10. Telephone Number Residence Business	11. Email Address
12. YOUR POSITION WITH BUSINESS: (Check all that apply) OWNER QUALIFIED MANAGER 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	
15. 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, etc.

16. EMPLOYMENT HISTORY: Your past five-year employment history must be shown. List most recent experience first. Qualified managers must list one year of qualifying experience and attach their completed Qualifying Experience forms for any experience used to qualify for the license examination. 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	

17. 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

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 a 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 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 § 7920.000 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. 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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PRIVATE PATROL OPERATOR
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 7582.17. A Request for Authorization of Business Name form will not be accepted prior to an application for a 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. The use of a fictitious business name is subject to the provisions of California Business and Professions Code Chapter 5 (commencing with section 17900) of Part 3 of Division 7. This Chapter defines fictitious names and contains provisions regarding use and requirements for filing a statement with the local county clerk.

Private Patrol Operator: Business and Professions Code section 7582.17 states in part:

> The Bureau shall not authorize the use of a fictitious or other business name which is so similar to that of a public office or agency of that used by another licensee that the public may be confused or misled thereby.

* 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 Qualified Manager

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. _____

Department Use

Only Approved	Disapproved

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.
If type of license is a participating tribe, a responsible participating tribal 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 _____

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 § 7920.000 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. 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.

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS
BUREAU OF SECURITY AND INVESTIGATIVE SERVICES
P.O. Box 989002, West Sacramento, CA 95798-9002
P (916) 322-4000 | P (800) 952-5210 | F (916) 575-7290 | www.bsis.ca.gov

PRIVATE PATROL OPERATOR QUALIFIED MANAGER QUALIFYING EXPERIENCE

(Not required by Private Patrol Operator applicants who currently have a licensed Qualified Manager)

STOP DO NOT LIVE SCAN UNTIL YOU HAVE SUBMITTED YOUR APPLICATION

The information on this form is used to determine experience qualifications of applicants for licensure and is requested pursuant to California Business and Professions Code section 7583.1. One form must be completed by each person (declarant) who is certifying the applicant's experience. **The declarant section of the form must be completed by someone other than the applicant who has knowledge of the work experience claimed by the applicant. Use a separate form for each employer.**

THIS SECTION TO BE COMPLETED BY THE APPLICANT

1. NAME OF APPLICANT	
2. RESIDENCE ADDRESS OF APPLICANT: NUMBER AND STREET / CITY / STATE / ZIP CODE	
3. APPLICANT'S TELEPHONE NUMBER Residence ( ) Business( )	
4. NAME OF EMPLOYER FROM WHOM APPLICANT ACQUIRED EXPERIENCE	5. NAME OF IMMEDIATE SUPERVISOR
6. ADDRESS OF ABOVE EMPLOYER: STREET / CITY / STATE / ZIP CODE	7. EMPLOYER'S BUSINESS TELEPHONE NUMBER ( )

THIS SECTION TO BE COMPLETED BY THE DECLARANT

The declarant is the person who certifies or attests to the applicant's experience. The information given is important to the applicant since it may help that person qualify for a Private Patrol Operator license. It is also important to the Bureau of Security and Investigative Services (Bureau) which uses it to determine if the applicant meets the experience requirements.

Please complete this form and return it to the applicant. Incomplete or inaccurate forms may be returned and/or may prevent or delay the applicant from qualifying for licensure. A Bureau representative may contact you by telephone or mail to verify statements or to get additional information regarding the applicant's experience qualifications. Three years of experience is considered to be a minimum of 6,000 hours of compensated time for the specific license filed.

The applicant may have several declarants; you may be certifying only part of the experience required. The total time required to obtain a Private Patrol Operator license is 6,000 hours of experience.

8. NAME OF DECLARANT	
9. ADDRESS OF DECLARANT: NUMBER AND STREET / CITY / STATE / ZIP CODE	
10. DECLARANT'S TELEPHONE NUMBER Residence ( ) Business( )	11. DECLARANT'S LICENSE NUMBER IF LICENSED WITH THIS BUREAU
12. NAME OF DECLARANT'S EMPLOYER	
13. ADDRESS OF DECLARANT'S EMPLOYER: NUMBER AND STREET / CITY / STATE / ZIP CODE	

14. DECLARANT'S RELATIONSHIP TO APPLICANT:
PRESENT EMPLOYER FORMER EMPLOYER PRESENT SUPERVISOR FORMER SUPERVISOR
OTHER (Give full explanation in Additional Comments section.)

15. DECLARANT HAS PERSONALLY KNOWN APPLICANT FOR: YEARS MONTHS

16. APPLICANT EMPLOYED BY EMPLOYER NAMED IN BOX NUMBER (4) FOR: YEARS MONTHS

17. Describe in detail the employment duties of the applicant during the period that you are declaring. Please indicate the percentage of time performing the types of duties listed in the box on the right. (Percentages must be shown)

POSITION TITLE

TOTAL HOURS ACCUMULATED

EXACT DATES OF EMPLOYMENT (Include Month, Day, and Year)

FROM: TO:

DESCRIPTION OF DUTIES

IS/WAS APPLICANT:

Full-time Part-time

If Part-time, number of hours worked per Week _____ or Month _____

On Payroll? Yes No

Subcontractor? Yes No

Other

(Please use the space in the Additional Comments section for explanation.)

PERCENTAGE OF TIME (%)

Patrol Person_____

Watchman _____

Consulting _____

Office:(Explain) _____

Other : (Explain)_____

(Please use the space in the Additional Comments section for explanation.)

ADDITIONAL COMMENTS:

The undersigned hereby declares under penalty of perjury, under the laws of the State of California, that all statements contained herein are true and correct.

SIGNATURE OF DECLARANT TITLE DATE

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.

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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.

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