



**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

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West Sacramento, CA 95798-9002  
Phone (916) 322-4000 (800) 952-5210  
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**REQUEST FOR COMPANY NAME CHANGE  
REPOSSESSION AGENCY**

No Fee Required  
(An incomplete form will not be processed.)

<b>License Number</b>
<b>RA</b>

**SECTION A: REQUIREMENTS** (Bus. & Prof. Code, §7503.)

- ❖ 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, §7503.)

- ❖ Please list at least five names for consideration. The first name requested will be approved unless the name could be confused with, is misleading, or deceptive, or is similar to, any federal, state, county, or municipal governmental function or agency. In addition, any name that may tend to describe any business function or enterprise not actually engaged in by the applicant, or any name which is the same as, or so similar to that of any existing licensee as would tend to deceive the public, will not be approved.

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](mailto: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](mailto:dca@dca.ca.gov).