



**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

Post Office Box 980550  
West Sacramento, CA 95798-0550  
www.bsis.ca.gov



**UNLICENSED AND UNREGISTERED ACTIVITY LEAD FORM**

Date/Time: \_\_\_\_\_ License Type (select below): \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_

**Note:** The Bureau only has jurisdiction over the following Industries:

- Alarm           ▪ Locksmith           ▪ Private Investigator   ▪ Repossessor   ▪ Training Facilities and Instructors
- Private Security Companies   ▪ Security Guards   ▪ Proprietary Security Officers (In-House Security)

**SUBJECT(S) / BUSINESS INFORMATION**

Subject's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Subject's Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Business Owner's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Business Name(DBA) \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

**LOCATION AND CONTACT INFORMATION OF SUBJECT**

Worksite Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cross Streets : \_\_\_\_\_

Worksite Location: \_\_\_\_\_

Worksite Contact: \_\_\_\_\_

Worksite Phone Number: \_\_\_\_\_

**DETAILS OF UNLICENSED ACTIVITY**

Describe Unlicensed/Unregistered Activity:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- This information is from my direct knowledge.    This information was provided to me.

**REPORTING PARTY INFORMATION**

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

TREAT AS CONFIDENTIAL    Yes or    No (Check your choice)

- **PROVIDING PERSONAL INFORMATION IS VOLUNTARY.** You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your name, home address, or home telephone number, you may remain anonymous. However, the Bureau may have limited ability to help you resolve your complaint.

**BSIS UNLICENSED / UNREGISTERED ACTIVITY LEAD FORM**

The BSIS Unlicensed Activity Lead form is for filing a complaint against an unlicensed or unregistered person (s) who is/are performing the following professions:

- Alarm
- Locksmith
- Private Investigator
- Repossessor
- Training Facilities and Instructors
- Private Security Companies
- Security Guards
- Proprietary Security Officers (In-House Security)

It is illegal for a person(s) or business(s) to operate within any of the above professions without a license and/or registration. California Business and Professions Code Section 16240 States:

Every person who practices, offers to practice, or advertises any business, trade, profession, occupation, or calling, or who uses any title, sign, initials, card, or device to indicate that he or she is qualified to practice any business, trade, profession, occupation, or calling for which a license, registration, or certificate is required by any law of this state, without holding a current and valid license, registration, or certificate as prescribed by law, is guilty of a misdemeanor.

The Bureau can also impose disciplinary actions against a licensee for employing unregistered employees that are required to be registered.

**Please provide as much detailed information as possible in completing this form. Location(s) and Time(s) of activity are important. Unlicensed and Unregistered Activity Lead Forms are processed according to receipt date, priority and resource availability**

After completion of the Lead Form you can mail, fax or email the form to the Bureau.

Mail: Post Office Box 980550  
West Sacramento, CA 95798-0550  
**Attention: UA Action Unit**

Fax: (916) 575-7289

Email: [uaau\\_bsisunit@dca.ca.gov](mailto:uaau_bsisunit@dca.ca.gov)

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