



**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](http://www.bsis.ca.gov)



**DECLARATION OF COMPLIANCE**

I, \_\_\_\_\_, present address of \_\_\_\_\_  
\_\_\_\_\_ telephone # \_\_\_\_\_,  
submit this Declaration of Compliance to the Bureau of Security and Investigative Services for  
the period of \_\_\_\_\_ to \_\_\_\_\_.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. I have obeyed all federal, state and local laws.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have obeyed all rules and regulations governing the programs of the<br>Bureau of Security and Investigative Services. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have obeyed all terms of probation.   | <input type="checkbox"/> | <input type="checkbox"/> |

**NOTE: IF YOU ANSWER "NO" TO ANY OF THESE QUESTIONS, EXPLAIN BELOW.**

**REMARKS:**

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**I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS  
ARE TRUE AND CORRECT.**

\_\_\_\_\_  
Signature

SUBMIT TO: Bureau of Security & Investigative Services  
Attn: Case Management Unit  
Post Office Box 980438  
West Sacramento, CA 95798-0438