



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES
P.O. Box 989002, West Sacramento, CA 95798-9002
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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 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:

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