

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



PERSONAL IDENTIFICATION FORM ALARM COMPANY OPERATOR, PRINCIPALS, CORPORATE OFFICERS, MANAGING MEMBERS, AND ALARM COMPANY QUALIFIED MANAGER

STOP DO NOT LIVE SCAN UNTIL YOU HAVE SUBMITTED YOUR APPLICATION

Each person listed on the Alarm Company Operator Application for License (Form 31D-4) as an owner, partner, corporate officer, managing member, and qualified manager of the business must complete and submit this form. This form is also to be completed for any change in corporate officer, managing member, 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 information is requested pursuant to California Business and Professions Code sections 480, 7593.1, 7593.2, 7593.3, 7593.4, 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.

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, corporation, or limited liability company.

 \Box 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:	2. A change in an existing license:							
Alarm Company Operator License	Corporate Offic	er 🗌 Managi	ng Member					
Alarm Company Operator Qualified Manager	Qualified Manager Other							
3. Name of Qualified Manager (Please Print)								
4. Business Name	5 Liconso Number	(if licensed)						
4. Dusiness maine	5. License Number (if licensed)							
6. Full Name Last First	Middle							
7. Social Security Number or Individual Taxpayer Identification Number (Mandatory) 8. Date of Birth								
9. Residence Address – Number and Street	City	City State						
	-		-					
10. Telephone Number (Include Area Code) 11. Email Address (optional)								
Residence Business								
12. YOUR POSITION WITH BUSINESS: (Check all that apply)								
OWNER QUALIFIED MANAGER								
PARTNER OFFICER								
MANAGING ME	EMBER OF	FICE HELD						
12 Hove you ever emplied for an received a ligence or regist	tration from the Dong	attract of	YES 🗌					
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 In	vestigative Services	2						
14 Hove you or any partnership or corporation of which yo	u wara a mambar ar	officer had any	YES					
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					
15. Have you ever used a name other than your present legal name?								
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 two years 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 (INCLUDE AREA CODE)				
ADDRESS:	NUMBER STREET		CITY	ST	TE ZIP CODE			
YOUR POSITION T	YOUR POSITION TITLE SUPERVISOR'S NAME							
DATES EMPLOYED (Month/Day/Year) From: To:					TOTAL NUMBER OF HOURS WORKED			
NAME OF EMPLOY	YER				TELEPHONE NUMBER (INCLUDE AREA CODE)			
ADDRESS:	NUMBER STREET		CITY	ST	ATE ZIP CODE			
YOUR POSITION TITLE				SUPERVISOR'S NAME				
DATES EMPLOYED (Month/Day/Year)			TOTAL NUMBER OF HOURS WORKED					
From:	To:							
NAME OF EMPLOYER				TELEPHONE NUMBER (INCLUDE AREA CODE)				
ADDRESS:	NUMBER STREET		CITY	ST	ATE	E ZIP CODE		
YOUR POSITION T	TTLE				SUPERVISOR'S NAME			
DATES EMPLOYED (Month/Day/Year) From: To:			TOTAL NUMBER OF HOURS WORKED					
17. List your res	idence addresses for t	he past five years.	Give the most recent	nt first, using	additional sl	neet if necessary.		
NUMBER AND STREET CITY STATE			ZIP CODE		FROM	ТО		

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 license.

SIGNATURE

DATE

Disclosure Language: Pursuant to Business and Professions Code section 30, providing your social security 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 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 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 § 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 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 <u>bsis.prarequests@dca.ca.gov</u>. 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 <u>dca@dca.ca.gov</u>.