



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES
P.O. Box 989002
West Sacramento, CA 95798-9002
Phone (916) 322-4000 Fax (916) 575-7286
www.bsis.ca.gov



REQUEST FOR BATON PERMITS

Instructor must be associated with the facility indicated on the form.
(California Bureau of Security and Investigative Services Laws and Regulations,
Business and Professions Code sections 7585.14, 7585.17)

Date: _____

Facility License Number: TFB No. _____

Facility Name: _____

Address: _____

Phone Number: (____)_____ (____)_____

Instructor License Number: TIB No. _____

Instructor Name: _____

Signature of Requestor: _____

Printed Name: _____

(The requestor identified above must be the instructor or be authorized
(in writing) by the Instructor to pick-up baton permits. No exceptions)

Quantity of Permits Requested: _____

Amount @ \$60 each = \$_____

Cashiering/Bureau Use Only
COUNTER Receipt No. (if applicable)
Receipt No. (ATS) /
Amount Received: \$
TFB Holds? N Y (Explain)
Expiration Date:
TIB Holds? N Y (Explain)
Expiration Date:
Note: Licenses must be CLEAR and current with no outstanding Administrative/Enforcement Holds

Permits Issued: _____ Date: _____