

# INFORMATION ABOUT CERTIFICATION

## FIREARMS INSTRUCTOR/FIREARMS TRAINING FACILITY

This packet contains information about obtaining a Firearms Instructor or Firearms Training Facility licensing/certification, descriptions of required qualifications, and license application forms. It is the policy of the Bureau of Security and Investigative Services (Bureau) to provide equal licensing opportunities for all persons without regard to race, color, religion, sex, national origin, disability, age, creed, marital status or sexual orientation.

The Bureau certifies and regulates Firearms Instructors and Firearms Training Facilities in California under provisions of the:

- California Business and Professions Code 7585-7585.8 and 7585.17 – 7585.20
- California Code of Regulations (formerly California Administrative Code)  
Title 16, Division 7, sections 600.1 – 645

No one may engage in any business regulated by this act in California without obtaining appropriate certification from this Bureau. Certification laws are subject to change. Applicants will be notified of amendments which may affect their applications or certifications.

### **FEE AMOUNT AND PAYMENT**

The application fee for an initial Firearms Training Facility certificate is \$800. The application fee for an initial Firearms Training Instructor certificate is \$350. **Be advised that an application received without payment of the full fee amount owed will not be processed and will be returned to the applicant.** Make check payable to Bureau of Security Services or BSIS. Do not submit cash by mail. **Application fees are non-refundable.**

### **FIREARMS FACILITY CERTIFICATION**

The Firearms Training Manual is the standard for instruction at all firearms training facilities. It provides for a minimum of 16 hours (classroom and range) training. Instructors must obtain Bureau approval before offering supplemental instruction. The course of training in the carrying and usage of firearms required of applicants to obtain a firearms permit shall follow the standards prescribed by the Department of Consumer Affairs pursuant to Title 16, California Code of Regulations section 635. The manual will be forwarded upon certification of the facility.

Once the firearms training facility application is complete, it should be mailed to the Bureau with the fee indicated in the Training Facilities and Instructors Schedule of Fees. Make check payable to Bureau of Security and Investigative Services or BSIS. Do not submit cash by mail. Application fees are non-refundable. Approval may be given, and a certificate issued only if the facility employs a certified firearms instructor. Upon approval, the firearm training facility certificate will be mailed to the applicant. Each firearms training facility must have a written procedure for the security of the written examination, and it must be submitted to the Bureau on demand.

### **CORPORATION APPLICANTS ONLY**

If applying for licensure as a corporation, include an endorsed copy of the Articles of Incorporation (Domestic Corporation) or an endorsed copy of the Statement and Designation by Foreign Professional Corporation Form (Foreign Corporation) filed with the California Secretary of State. A copy of Statement of Information, filed with the Secretary of State, must also accompany your application. **Approval of a corporate name by the Secretary of State does not mean the name will be automatically approved as a business name by the Bureau.**

## **PARTICIPATING TRIBAL APPLICANTS ONLY**

If applying for licensure as a participating tribe, include proof of federal registration by providing federal registration number and Federal Employer Identification Number (FEIN).

**PARTNERSHIP AND CORPORATION APPLICANTS ONLY:** In order to access BreEZe, the Bureau's online licensing and enforcement system, all partnership and corporation applicants must include their Federal Employer Identification Number (FEIN).

## **FIREARMS TRAINING INSTRUCTOR CERTIFICATION**

The following information will help determine whether the established minimum qualifications for certification have been met. Experience information supplied on the application will be verified. Those certified as instructors are certified to teach at Bureau-certified facilities.

Applicants must submit supporting documents establishing firearms training experience.

In accordance with California Business and Professions Code section 7585.5, a firearms training instructor applicant must:

- Possess an associate of arts degree in administration of justice **OR** one year of teaching **OR** training experience in firearms or its equivalent;

### **AND**

- Possess a police or security firearms training instructor certificate issued by the National Rifle Association or a firearms training instructor certificate issued by a federal, state or local agency.

Once the training instructor certificate application is complete, it should be mailed to the Bureau with the fee indicated in the Training Facilities and Instructors Schedule of Fees. Upon approval, and after the experience and education is verified, the instructor training certificate will be mailed to the applicant.

## **POWER TO ARREST TRAINING**

Certified firearms and/or baton instructors are approved to administer the Powers to Arrest and Appropriate Use of Force Examination and all other training; a certificate or other written approval is not necessary.

## **PERSONAL IDENTIFICATION FORM (Form 31F-9) (no fee required)**

Each person applying for a Training Instructor Certification (Form 31F-3) and each person listed on the Application for Training Facility Certification (Form 31F-4) as an owner, partner, corporate officer, participating tribal officer and/or certified instructor must complete one of these forms and submit one passport quality photograph, taken within the past year. Any person who knowingly falsifies photographs required for licensure is guilty of a felony. This form is also to be completed for any corporate officer change or addition of corporate officers after a training facility certificate 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.

## **LIVE SCAN SITES AND FORMS**

Once you have submitted your application to the Bureau, you may then proceed to a Live Scan station. Live Scan is a system for the electronic submission of fingerprints and the subsequent automated background checks and responses. Simply go to the nearest Live Scan station to submit fingerprints to the DOJ and FBI. Visit the Bureau's website to link to the Live Scan sites and/or Live Scan forms: [https://www.bsis.ca.gov/forms\\_pubs/livescan/index.shtml](https://www.bsis.ca.gov/forms_pubs/livescan/index.shtml).

**Disclaimer:** Please request the Live Scan operator to include your social security number (SSN) or

individual taxpayer identification number (ITIN) when keying your information in order to aid the Bureau in processing your application. Please also ensure the name on your Live Scan form exactly matches the name on your application to reduce delays in processing.

## **FINGERPRINT CARDS**

**CALIFORNIA RESIDENTS:** The Department of Justice, with rare exceptions, will only accept electronically submitted (Live Scan) fingerprints for criminal background checks related to employment, licensing, certification, etc. California residents who do not have reasonable access to Live Scan or have a justifiable reason to submit a fingerprint card may request fingerprint cards from the Bureau for submission.

**NON-RESIDENTS:** Out-of-state applicants will be deemed to lack reasonable access to Live Scan. Accordingly, hard fingerprint cards for such individuals will not be subject to the limitations described above.

The items listed below are required for fingerprint card submissions for each person applying for an instructor certification and each person listed on the application for training facility certification as an owner, partner, participating tribal officer, or corporate officer.

- Two completed fingerprint cards
- Include payment of \$49.00

## **TRAINING FACILITIES AND INSTRUCTORS SCHEDULE OF FEES**

| License Type                 | Fee Type  | Fee Amount |
|------------------------------|---|------------|
| Firearms Training Facility   | Initial Application   | \$800      |
|                              | Biennial Renewal  | \$750      |
|                              | Reinstatement   | \$1,125    |
|                              | Replacement Firearms Facility Certificate (Large or Small Wall) | \$25       |
| Firearms Training Instructor | Initial Application   | \$350      |
|                              | Biennial Renewal  | \$300      |
|                              | Reinstatement   | \$450      |
|                              | Replacement Firearms Instructor Certificate                     | \$25       |

## **ANY QUESTIONS?**

If you have questions regarding the licensing process or about completion of your application, you may contact the Bureau at:

Bureau of Security and Investigative Services  
P.O. Box 989002  
West Sacramento, CA 95798-9002  
(800) 952-5210  
(916) 322-4000  
[Facilitiesandinstructors.dca@dca.ca.gov](mailto:Facilitiesandinstructors.dca@dca.ca.gov)

**Although every effort has been made to assure the accuracy of this information packet, it does not have the force and effect of law, rule or regulation. Should any difference or error occur, the law will take precedence.**

**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)**PERSONAL IDENTIFICATION FORM  
DO NOT LIVE SCAN UNTIL YOU HAVE SUBMITTED YOUR APPLICATION**

Each person applying for a Training Instructor Certification (Form 31F-3) and each person listed on the application for Training Facility Certification (Form 31F-4) as an owner, partner, corporate officer, participating tribal officer, and certified instructor must complete one of these forms. This form must also be completed for any corporate officer and certified instructor change or addition after a Training Facility Certification 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 form must be accompanied by one passport quality photograph, taken within the past year. This information is requested pursuant to California Business and Professions Code sections 480, 7582.6, 7582.19, 7585.3, 7585.11 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.

☐ Pursuant to Business and Professions Code Section 115.4, beginning July 1, 2024, the bureau shall expedite the initial licensure process for an applicant who is an active duty member of the US Armed Forces and enrolled in the US Department of Defense SkillBridge program. Do you request expediting of your application under this authority? (If you select YES, you must attach documentation of enrollment to this 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 or corporation.**

☐ 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.

**(COMPLETE ELECTRONICALLY ON COMPUTER OR PRINT CLEARLY IF HANDWRITTEN)**

|   |   |
|---|---|
| 1. An initial application or a change in an existing license:<br><div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Corporate Officer</div><div><input type="checkbox"/> Partner</div><div><input type="checkbox"/> Firearm Instructor</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Participating Tribal Officer</div><div><input type="checkbox"/> Sole Owner</div><div><input type="checkbox"/> Additional Instructor</div></div> |   |
| 2. Name of Instructor   |   |
| 3. Training Facility Name   | 4. Certification Number (if licensed)                       |
| 5. Full Name      Last                      First                      Middle   | 6. SSN, FEIN or ITIN (mandatory)                            |
| 7. Residence Address –    Number and Street                      City                      State                      Zip Code  |   |
| 8. Telephone Number<br>Residence (      )      Business (      )  | 9. Date of Birth (Mo/Day/Yr)                                |
| 10. Email Address (optional)  |   |
| 11. YOUR POSITION WITH BUSINESS: (Check all that apply)<br><div style="display: flex; justify-content: space-around; margin-top: 10px;"><div><input type="checkbox"/> SOLE OWNER</div><div><input type="checkbox"/> OFFICER</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> PARTNER</div><div>_____<br/>OFFICE HELD</div></div>   |   |
| 12. 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 Investigative Services?   | YES <input type="checkbox"/><br>NO <input type="checkbox"/> |
| 13. 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 <input type="checkbox"/><br>NO <input type="checkbox"/> |
| 14. Have you ever used a name other than your present legal name?   | YES <input type="checkbox"/><br>NO <input type="checkbox"/> |
| <b>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.</b>   |   |

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

Pursuant to Business and Professions Code section 30, providing your social security number 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 number 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 number 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 § 7920.000 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 [bsis.prarequests@dca.ca.gov](mailto:bsis.prarequests@dca.ca.gov). 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 [dca@dca.ca.gov](mailto:dca@dca.ca.gov).

**NOTE: ATTACH ONE PASSPORT QUALITY PHOTOGRAPH, TAKEN WITHIN THE PAST YEAR.**



## **APPLICATION FOR FIREARMS TRAINING FACILITY CERTIFICATION**

This information is required pursuant to sections 7585.3, 7585.11, and 480 of the California Business and Professions Code and Labor Code section 432.7 and will be used to determine eligibility for certification. All information is mandatory and, if not completed, will lead to rejection of the application. When issued, a training facility certificate is valid only when that facility has a Bureau-certified instructor in its employment.

**Please note that the application and/or certification fees are non-refundable.**  
**(COMPLETE ELECTRONICALLY ON COMPUTER OR PRINT CLEARLY IF HANDWRITTEN)**

| <b>1. Type of Business Organization</b><br><input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Participating Tribe<br>SSN or ITIN (Individual Ownership Only)      FEIN (Corporation or Partnership Only)      Secretary of State Identification Number (Corporation Only)      Federal Employer Identification Number (FEIN)  |                             |   |  |                 |                     |  |  |  |  |  |  |  |
|---|-----------------------------|---|--|-----------------|---------------------|--|--|--|--|--|--|--|
| <b>2. Training Facility Name</b>  |                             | <b>3. Training Facility Number (if already certified)</b>                                   | <b>4. Training Facility Phone Number</b><br>(      ) |                 |                     |  |  |  |  |  |  |  |
| <b>5. Training Facility Address – Number and Street</b>   |                             | <b>City</b>   | <b>State</b> <b>Zip Code</b>                         |                 |                     |  |  |  |  |  |  |  |
| <b>6. Seating Capacity of Classroom</b><br>Minimum      Maximum   |                             | <b>7. Location of Training Site</b><br>(if different than item #5) <b>Days</b> <b>Times</b> |  |                 |                     |  |  |  |  |  |  |  |
| <b>8. Size of Practical Exercise Room</b><br>Length      Width      Height  |                             | <b>9. Firearm Range</b>   |  |                 |                     |  |  |  |  |  |  |  |
| <b>10. Firearms Range Name</b>  | <b>11. Rangemaster Name</b> |   | <b>12. Range Telephone Number</b>                    |                 |                     |  |  |  |  |  |  |  |
| <b>13. Firearms Range Address</b>   |                             | <b>City</b>   | <b>State</b> <b>Zip Code</b>                         |                 |                     |  |  |  |  |  |  |  |
| <b>14. Instructor Information:</b> Enter the name of each instructor who will be teaching at the facility and the type of instruction each will be providing. If a Bureau instructor certificate has not been issued, indicate that an application is attached or that it has already been submitted to the Bureau.<br><table border="1"><thead><tr><th>Instructor Name</th><th>Type of Instruction</th><th>Training Instructor Certification Number</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> |                             |   |  | Instructor Name | Type of Instruction | Training Instructor Certification Number |  |  |  |  |  |  |
| Instructor Name   | Type of Instruction         | Training Instructor Certification Number  |  |                 |                     |  |  |  |  |  |  |  |
|   |                             |   |  |                 |                     |  |  |  |  |  |  |  |
|   |                             |   |  |                 |                     |  |  |  |  |  |  |  |
| <b>15. List the name of each owner, partner, participating tribal officer, or corporate officer of the business and identify their position. For corporations, list chief executive officer, secretary, chief financial officer, and any other corporate officer who will be active in the business. If additional space is needed, attach a separate sheet.</b><br><table border="1"><thead><tr><th>Name</th><th>Position</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>   |                             |   |  | Name            | Position            |  |  |  |  |  |  |  |
| Name  | Position                    |   |  |                 |                     |  |  |  |  |  |  |  |
|   |                             |   |  |                 |                     |  |  |  |  |  |  |  |
|   |                             |   |  |                 |                     |  |  |  |  |  |  |  |

I/We declare under penalty of perjury, under the laws of the State of California, that all information contained on this Application for Training Facility Certification 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 THIS CERTIFICATE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SIGNATURES REQUIRED: Individuals whose names appear in item number 9 and 10 above.**



Pursuant to the California Public Records Act (Gov. Code § 7920.000 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 [bsis.prarequests@dca.ca.gov](mailto:bsis.prarequests@dca.ca.gov). 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 [dca@dca.ca.gov](mailto:dca@dca.ca.gov).



## APPLICATION FOR FIREARMS TRAINING INSTRUCTOR CERTIFICATE



**DO NOT LIVE SCAN UNTIL YOU HAVE SUBMITTED YOUR APPLICATION**

**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.

This information is required pursuant to sections 7585.3, 7585.5, and 480 of the California Business and Professions Code and Labor Code section 432.7 and will be used to determine eligibility for certification. All information is mandatory and if not completed, will lead to rejection of the application.

**Please note that the application and/or certification fees are non-refundable.**

**(COMPLETE ELECTRONICALLY ON COMPUTER OR PRINT CLEARLY IF HANDWRITTEN)**

|  |                            |       |  |          |
|--|----------------------------|-------|--|----------|
| 1. Full Name: Last   |                            | First | Middle                                   |          |
| 2. Residence Address Number and Street                                   |                            | City  | State                                    | Zip Code |
| 3. Social Security No. or Individual Taxpayer Identification No.         |                            |       | 4. Home Telephone Number<br>(      )     |          |
| 5. Training Facility Name and Certificate Number                         |                            |       | 6. Facility Telephone Number<br>(      ) |          |
| 7. Facility Address  | Number and Street          | City  | State                                    | Zip Code |
| 8. Certificates of Professional or Vocational Competence (attach copies) |                            |       |  |          |
| ISSUING AUTHORITY  |                            |       |  |          |
| Type of Certificate  | (P.O.S.T., Academic, etc.) |       | Date Received                            |          |
| 1.   |                            |       |  |          |
| 2.   |                            |       |  |          |
| 3.   |                            |       |  |          |
| 4.   |                            |       |  |          |
| 5.   |                            |       |  |          |
| 6.   |                            |       |  |          |
| 7.   |                            |       |  |          |

9. **EMPLOYMENT/EXPERIENCE HISTORY:** Your employment history must be shown. Any lapse of employment must be explained. List most your most recent experience first. If additional space is needed, attach a separate sheet.

|  |  |                               |                |                   |
|--|--|-------------------------------|----------------|-------------------|
| NAME OF EMPLOYER                             |  | TELEPHONE NUMBER<br>(       ) |                | DUTIES PERFORMED: |
| ADDRESS: NUMBER STREET                       |  | CITY                          | STATE ZIP CODE |                   |
| YOUR POSITION TITLE                          |  | SUPERVISOR'S NAME             |                |                   |
| DATES EMPLOYED (Month/Day/Year)<br>From: To: |  | TOTAL NUMBER OF HOURS WORKED  |                |                   |
| NAME OF EMPLOYER                             |  | TELEPHONE NUMBER<br>(       ) |                | DUTIES PERFORMED: |
| ADDRESS: NUMBER STREET                       |  | CITY                          | STATE ZIP CODE |                   |
| YOUR POSITION TITLE                          |  | SUPERVISOR'S NAME             |                |                   |
| DATES EMPLOYED (Month/Day/Year)<br>From: To: |  | TOTAL NUMBER OF HOURS WORKED  |                |                   |
| NAME OF EMPLOYER                             |  | (       )                     |                | DUTIES PERFORMED: |
| ADDRESS: NUMBER STREET                       |  | CITY                          | STATE ZIP CODE |                   |
| YOUR POSITION TITLE                          |  | SUPERVISOR'S NAME             |                |                   |
| DATES EMPLOYED (Month/Day/Year)<br>From: To: |  | TOTAL NUMBER OF HOURS WORKED  |                |                   |

10. List your residence addresses for the past five years. Give the most recent first, using additional sheets if necessary.

| NUMBER AND STREET | CITY | STATE | ZIP CODE | FROM | TO |
|-------------------|------|-------|----------|------|----|
|                   |      |       |          |      |    |
|                   |      |       |          |      |    |
|                   |      |       |          |      |    |

I declare under penalty of perjury, under the laws of the State of California, that the information given in this application is true and correct, having full knowledge that all statements made and accompanying documents are subject to investigation and that any false or misleading information may be grounds for denial, suspension, or revocation of my certificate.

Signature

Date \_\_\_\_\_

Pursuant to Business and Professions Code section 30, providing your social security number 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 number 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 number 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 § 7920.000 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 [bsis.prarequests@dca.ca.gov](mailto:bsis.prarequests@dca.ca.gov). 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 [dca@dca.ca.gov](mailto:dca@dca.ca.gov).