



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES
 P.O. Box 989002, West Sacramento, CA 95798-9002
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**RENEWAL APPLICATION
 FIREARM OR BATON INSTRUCTOR CERTIFICATE
 ALL FEES ARE NON-REFUNDABLE**

INSTRUCTIONS FOR COMPLETING RENEWAL APPLICATION

1. Identify the expiration date of your current certificate.
2. If your certificate has expired, you must also pay the **reinstatement** fee and check the box below.
3. Print your name and address; check the box if changing the address.
4. Print your entire certificate number and sign and date the renewal application.
5. Do not send cash. Send a check or money order and fee(s) made payable to: Bureau of Security and Investigative Services and mail to P. O. Box 989002, West Sacramento, CA 95798.

PLEASE READ CAREFULLY

All licenses must be renewed on or before the date of expiration. Submit your renewal application and fee(s) no earlier than ninety (90) days prior to the expiration date. AN INSTRUCTOR CERTIFICATE MAY NOT BE RENEWED AFTER 30 DAYS FROM ITS EXPIRATION DATE.

A change of address to a post office box or a mailbox service is allowed only if there is no mail delivery to your residence address. If the address has changed to a post office box or a mail box service, you are still required to provide your physical address below.

YOU MAY NOT ENGAGE IN THE BUSINESS OF A FIREARM INSTRUCTOR OR BATON INSTRUCTOR AFTER THE EXPIRATION DATE UNLESS THE LICENSE IS RENEWED OR THE RENEWAL IS PENDING.

Firearm Instructor (\$250) or **Baton Instructor (\$250)** Fee Enclosed \$ _____

Reinstatement fee (\$125)

If the renewal application is postmarked after the expiration date then the reinstatement fee shall apply

Expiration Date ____ / ____ / ____

(Please type or print legibly)

Instructor Name:	TIF or TIB Certificate No.:
Mailing Address: Street City State Zip Code	Phone Number: ()
Physical Address: Street City State Zip Code	<input type="checkbox"/> Check here if mailing and or physical address have changed
Email Address:	
I certify, under penalty of perjury under the laws of the State of California, that all statements attached hereto, are true and accurate.	Date:
Signature: _____	/ /
Printed Name: _____	