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

FIREARMS PERMIT RENEWAL APPLICATION

NOTE: Read Fee Amount Due under Instructions carefully to help ensure payment of correct fee amount.
An application received without full payment will not be processed and will be returned to the applicant.

IMPORTANT: Read all instructions. An incomplete or incorrect application will delay processing.

By law you are required to submit your renewal application at least 60 days prior to expiration of your current firearms permit. Also, if your firearms permit is expired, you are ineligible to renew and must apply for a new initial firearms permit, including completing the required training for an initial permit.

U.S. ARMED FORCES PRIORITY REQUESTS

☐ **Check box if you have served, or are currently serving, in the U.S. Armed Forces.**

Disclosure is voluntary. If you check the box, submit proof of your military service (e.g. DD-214, DD-256, V-MET record, military orders, military I.D., etc.) with your application.

☐ **Check box if you are a spouse or domestic partner of an active duty member of the Armed Forces assigned to a California duty Station.**

Disclosure is voluntary. If you check the box, submit the following documentation with your application. (You may be asked to provide original documents.)

- Certificate of marriage or domestic partnership or other legal union with an active duty member of the U.S. Armed Forces who is assigned to a duty station in this state under official active duty military orders.
- Verification of current licensure as a private security guard or officer in another state, district, or territory of the U.S.

THIS SECTION TO BE COMPLETED BY APPLICANT
COMPLETE ELECTRONICALLY ON COMPUTER OR PRINT CLEARLY IF HANDWRITTEN

Last Name:	First Name:	Middle Name:
Firearms Permit No.	Firearms Permit Exp. Date	
Address of Record (Street Address, City, State, and Zip Code): **MANDATORY- (SEE INSTRUCTIONS)**		
Confidential/Residence Address: **(SEE INSTRUCTIONS)**		
☐ **Check box if requesting to update your address(es) with the Bureau (SEE INSTRUCTIONS)**		

Date of Birth (MM, DD, YYYY)	SSN/ITIN:	Telephone No.:	Email Address (optional):

Provide the number and expiration date for the license(s) you hold that you currently have associated with your firearms permit or wish to have associated with your firearms permit. NOTE: You cannot associate a firearms permit with a Private Patrol Operator License organized as a corporation, or a Private Investigator or Alarm Company Operator License organized as a corporation or limited liability company.

	License Type	License No.	Exp. Date		License Type	License No.	Exp. Date
☐	**PI (Sole Owner/ Partners Only)**			☐	**Security Guard**		
☐	**PI (QM)[1]**			☐	**PPO (Sole Owner/ Partners Only)**		
				☐	**PPO (QM**)**		
				☐	**Alarm Agent**		
				☐	**Alarm Company (Sole Owner/Partners Only)**		
				☐	**Alarm Company (QM)**		

1) Provide the number and expiration date of the license on which you serve as the qualified manager.

☐ Check if you are an **ACTIVE DUTY PEACE OFFICER,** as defined in Chapter 4.5, (commencing with section 8 of Title 3 of part 2 of the Penal Code, or a federal qualified law enforcement officer, as defined in section 926B of Titl 18 of the United States Code. **If you check box, *See Instructions***

IMPORTANT INFORMATION- READ CAREFULLY: I understand that a BSIS firearms permit authorizes me to carry an exposed (i.e. non-concealed) loaded firearm only of the caliber(s) listed on my permit card and only while performing the duties of the license associated with the permit. I also understand that a BSIS permit does not authorize me to carry a concealed loaded firearm. Lastly, I understand that if I am a private patrol operator or alarm company operator licensee; or registered security guard or alarm agent, or qualified manager for a private patrol operator or alarm company operator licensee, I can only wear or use an exposed firearm while on duty when I am in uniform.

Mandatory Disclosure Language

Submission of the requested information is mandatory. The Bureau of Security and Investigative Services (BSIS) of the Department of Consumer Affairs (Department) cannot process your Firearms Permit Renewal Application unless all requested information is provided.

Per the Information Practices Act, the Chief of the BSIS is responsible for maintaining the information in this application. You have the right to review the records maintained on you by the BSIS 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 BSIS 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.

Pursuant to the California Public Records Act (Gov. Code §7920.00 et seq.) and the Information Practices Act (Civ. Code § 1798.61), the names and addresses of persons possessing a license, certificate, permit or registration may be disclosed by the BSIS unless otherwise specifically exempt from disclosure under the law. The BSIS makes every effort to protect the exempt 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.

Pursuant to Business and Professions Code section 30, providing your social security number is mandatory and will be used primarily 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 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, you will be reported to the Franchise Tax Board (FTB), which may assess a $100 penalty against you. Further, pursuant to section 30, subdivision (n) your social security number together with your name, date of birth, and license information may be shared with the Office of the Chancellor of the California Community Colleges.

The State Board of Equalization (BOE) and the FTB may share taxpayer information with the BSIS. You are required to pay your state tax obligation. This application may be denied or your license may be suspended if the state tax obligation is not paid and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies.

For questions about this notice or access to your record, you may contact the BSIS by mail at: Bureau of Security and Investigative Services, Attn: Public Records Liaison, P.O. Box 980550, Sacramento, CA 95798-0550, by phone at (800) 952-5210, or by e-mail at 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.

I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT:

- I personally completed this application;
- To the best of my knowledge all statements on this application are true and correct;
- I have completed the training requirements (i.e. range for each caliber, classroom and exam) to renew a BSIS firearms permit or am an active duty peace officer who has successfully completed firearms qualification training;
- I am not presently subject to any State of California or Federal prohibition from owning or being in possession of a firearm; and
- With full knowledge that all statements herein are subject to investigation and that any false, dishonest, or incomplete answer to any question on the application may be grounds for denial or subsequent revocation of my firearms permit and any other license(s) I hold or may subject me to criminal prosecution.

_____ _____

Applicant Signature **Date**

CERTIFICATION OF 1st FIREARMS RANGE QUALIFICATION/REVIEW COURSE TRAINING

THIS PAGE TO BE COMPLETED BY THE BSIS CERTIFIED FIREARMS INSTRUCTOR

DO NOT RELEASE THE APPLICATION FORM to the applicant until you have completed all information required on this page, based on the training you provide the applicant.

1. **Draw a line through and initial unused boxes in the Applicant Training Information Table below.**
2. **Do not provide corrected information. If you make an error, start a new form.**

Applicant Name _____ Firearm Permit # _____

COMPLETE ELECTRONICALLY ON COMPUTER OR PRINT CLEARLY IF HANDWRITTEN

Facility Name_____ Facility Phone #_____

Facility Address_____

Facility Certificate # TFF_____ Expiration Date_____

Instructor Name_____ Instructor Phone #_____

Instructor License # TIF_____ Expiration Date_____

APPLICANT TRAINING INFORMATION

All information below must be handwritten (print clearly) by the Firearms Training Instructor (See Instructions)

	Date of Review Course[1]	Exam Date & Exam Score[2]	Range Date	Qualified Caliber(s)					
First Qualification									

1) Applicant must complete 2-hour review course on use/de-escalation of force prior to each range qualification.
2) Applicant must pass *Bureau-approved firearm training written exam with a score of 86% or greater*. Indicate actual percentage score (see Instructions for scoring information).

Method of Qualification *(please check one):* ☐ **Firearm Simulator** ☐ **Live Ammunition**

NOTE: **Only one (1) range qualification in each twelve-month period can be completed by Firearm Simulator. Range qualifications may only be completed on simulators that meet the specifications outlined in Bureau regulations. (See Instructions)**

CITIZENSHIP OR PERMANENT RESIDENT VERIFICATION (See Instructions)

Document Type: _____

Expiration Date _____
(*Indicate expiration if passport, permanent resident or I-327 document is used*)

I declare under penalty of perjury, under the laws of the State of California, that I am the instructor who completed the training listed above and this page of the application and that to the best of my knowledge:

- ***The information I provided on this page is true and correct.***
- ***The applicant completed the 2- hour use and de-escalation of force training as prescribed by the Bureau prior to range training.***
- ***If applicable, the applicant took and passed the Bureau-approved written firearms exam with a score of 86 percent or more.***
- ***The applicant qualified with a minimum score of 80 percent on a course of fire, having fired live or simulated ammunition with the same caliber(s) of weapon as listed on this application.***

_____ _____
Instructor Signature Date Signed

CERTIFICATION OF 2nd FIREARMS RANGE QUALIFICATION/REVIEW COURSE TRAINING

THIS PAGE TO BE COMPLETED BY THE BSIS CERTIFIED FIREARMS INSTRUCTOR

DO NOT RELEASE THE APPLICATION FORM to the applicant until you have completed all information required on this page, based on the training you provide the applicant.

1. **Draw a line through and initial unused boxes in the Applicant Training Information Table below.**
2. **Do not provide corrected information. If you make an error, start a new form.**

Applicant Name _____ Firearm Permit # _____

COMPLETE ELECTRONICALLY ON COMPUTER OR PRINT CLEARLY IF HANDWRITTEN

Facility Name_____ Facility Phone #_____

Facility Address_____

Facility Certificate # TFF_____ Expiration Date _____

Instructor Name_____ Instructor Phone #_____

Instructor License # TIF_____ Expiration Date _____

APPLICANT TRAINING INFORMATION

All information below must be handwritten (print clearly) by the Firearms Training Instructor (See Instructions)

	Date of Review Course[1]	Exam Date & Exam Score[2]	Range Date	Qualified Caliber(s)					
Second Qualification									

1) Applicant must complete 2-hour review course on use/de-escalation of force prior to each range qualification.
2) Applicant must pass *Bureau-approved firearm training written exam with a score of 86% or greater*. Indicate actual percentage score (see Instructions for scoring information).

Method of Qualification *(please check one):* ☐ **Firearm Simulator** ☐ **Live Ammunition**

NOTE: **Only one (1) range qualification in each twelve-month period can be completed by Firearm Simulator. Range qualifications may only be completed on simulators that meet the specifications outlined in Bureau regulations. (See Instructions)**

CITIZENSHIP OR PERMANENT RESIDENT VERIFICATION (See Instructions)

Document Type: _____

Expiration Date _____
(*Indicate expiration if passport, permanent resident or I-327 document is used*)

I declare under penalty of perjury, under the laws of the State of California, that I am the instructor who completed the training listed above and this page of the application and that to the best of my knowledge:

- ***The information I provided on this page is true and correct.***
- ***The applicant completed the 2- hour use and de-escalation of force training as prescribed by the Bureau prior to range training.***
- ***If applicable, the applicant took and passed the Bureau-approved written firearms exam with a score of 86 percent or more.***
- ***The applicant qualified with a minimum score of 80 percent on a course of fire, having fired live or simulated ammunition with the same caliber(s) of weapon as listed on this application.***

_____ _____
Instructor Signature Date Signed

CERTIFICATION OF 3rd FIREARMS RANGE QUALIFICATION/REVIEW COURSE TRAINING

THIS PAGE TO BE COMPLETED BY THE BSIS CERTIFIED FIREARMS INSTRUCTOR

DO NOT RELEASE THE APPLICATION FORM to the applicant until you have completed all information required on this page, based on the training you provide the applicant.

1. **Draw a line through and initial unused boxes in the Applicant Training Information Table below.**
2. **Do not provide corrected information. If you make an error, start a new form.**

Applicant Name _____ Firearm Permit # _____

COMPLETE ELECTRONICALLY ON COMPUTER OR PRINT CLEARLY IF HANDWRITTEN

Facility Name_____ Facility Phone #_____

Facility Address_____

Facility Certificate # TFF_____ Expiration Date_____

Instructor Name_____ Instructor Phone #_____

Instructor License # TIF_____ Expiration Date _____

APPLICANT TRAINING INFORMATION

All information below must be handwritten (print clearly) by the Firearms Training Instructor (See Instructions)

	Date of Review Course[1]	Exam Date & Exam Score[2]	Range Date	Qualified Caliber(s)					
Third Qualification									

1) Applicant must complete 2-hour review course on use/de-escalation of force prior to each range qualification.
2) Applicant must pass *Bureau-approved firearm training written exam with a score of 86% or greater*. Indicate actual percentage score (See Instructions).

Method of Qualification *(please check one):* ☐ **Firearm Simulator** ☐ **Live Ammunition**

NOTE: **Only one (1) range qualification in each twelve-month period can be completed by Firearm Simulator. Range qualifications may only be completed on simulators that meet the specifications outlined in Bureau regulations. (See Instructions)**

CITIZENSHIP OR PERMANENT RESIDENT VERIFICATION (See Instructions)

Document Type: _____

Expiration Date _____
(*Indicate expiration if passport, permanent resident or I-327 document is used*)

I declare under penalty of perjury, under the laws of the State of California, that I am the instructor who completed the training listed above and this page of the application and that to the best of my knowledge:

- ***The information I provided on this page is true and correct.***
- ***The applicant completed the 2- hour use and de-escalation of force training as prescribed by the Bureau prior to range training.***
- ***If applicable, the applicant took and passed the Bureau-approved written firearms exam with a score of 86 percent or more.***
- ***The applicant qualified with a minimum score of 80 percent on a course of fire, having fired live or simulated ammunition with the same caliber(s) of weapon as listed on this application.***

_____ _____
Instructor Signature Date Signed

CERTIFICATION OF 4th FIREARMS RANGE QUALIFICATION/REVIEW COURSE TRAINING

THIS PAGE TO BE COMPLETED BY THE BSIS CERTIFIED FIREARMS INSTRUCTOR

DO NOT RELEASE THE APPLICATION FORM to the applicant until you have completed all information required on this page, based on the training you provide the applicant.

1. **Draw a line through and initial unused boxes in the Applicant Training Information Table below.**
2. **Do not provide corrected information. If you make an error, start a new form.**

Applicant Name _____ Firearm Permit # _____

COMPLETE ELECTRONICALLY ON COMPUTER OR PRINT CLEARLY IF HANDWRITTEN

Facility Name_____ Facility Phone #_____

Facility Address_____

Facility Certificate # TFF_____ Expiration Date_____

Instructor Name_____ Instructor Phone #_____

Instructor License # TIF_____ Expiration Date _____

APPLICANT TRAINING INFORMATION

All information below must be handwritten (print clearly) by the Firearms Training Instructor (See Instructions)

	Date of Review Course[1]	Exam Date & Exam Score[2]	Range Date	Qualified Caliber(s)					
Fourth Qualification									

1) Applicant must complete 2-hour review course on use/de-escalation of force prior to each range qualification.
2) Applicant must pass *Bureau-approved firearm training written exam with a score of 86% or greater*. Indicate actual percentage score (See Instructions).

Method of Qualification *(please check one):* ☐ **Firearm Simulator** ☐ **Live Ammunition**

NOTE: Only one (1) range qualification in each twelve-month period can be completed by Firearm Simulator. Range qualifications may only be completed on simulators that meet the specifications outlined in Bureau regulations. (see Instructions)

CITIZENSHIP OR PERMANENT RESIDENT VERIFICATION (See Instructions)

Document Type: _____

Expiration Date _____
(*Indicate expiration if passport, permanent resident or I-327 document is used*)

I declare under penalty of perjury, under the laws of the State of California, that I am the instructor who completed the training listed above and this page of the application and that to the best of my knowledge:

- ***The information I provided on this page is true and correct.***
- ***The applicant completed the 2- hour use and de-escalation of force training as prescribed by the Bureau prior to range training.***
- ***If applicable, the applicant took and passed the Bureau-approved written firearms exam with a score of 86 percent or more.***
- ***The applicant qualified with a minimum score of 80 percent on a course of fire, having fired live or simulated ammunition with the same caliber(s) of weapon as listed on this application.***

_____ _____
Instructor Signature Date Signed

INSTRUCTIONS FOR FIREARMS PERMIT RENEWAL APPLICATION

Application Checklist

1. All sections of Application Form must be completed and applicant and instructor(s) signatures provided. The applicant must fill out the first two (2) pages of the renewal application. **Only the Firearms Instructor who completed the specified training is authorized to complete the Certification of Firearms Range Qualification/Review Course Training.**
2. **Renew timely** – By law, a renewal application with payment must be submitted at least 60 days prior to expiration of the current permit term, and a firearms permit cannot be renewed after expiration. Failing to submit your application at least 60 days before expiration may result in your firearms permit not being renewed before expiration of the current permit term. **NOTE**: Applications received more than 90 days before expiration will be returned. If a complete renewal application is not received by the expiration of your current permit, you will need to apply for a new initial firearms permit. (BPC 7542, 7583.32 & 7596.7)
3. To be eligible for renewal, you must have completed four (4) range qualifications, completed four (4) use of force/de-escalation of force training courses, and passed the written Firearms Examination (see General Information for specific requirements).
4. Include a complete and signed Department of Justice (DOJ) **Biennial Firearms Permit Qualification Application (BOF 4040)** with your renewal application. Pursuant to BPC Section 7583.25, DOJ must verify a renewal applicant's continued eligibility to possess a firearm.
5. **Fee Amount Due**
   - Before expiration: $126.00 ($88 renewal & $38 DOJ)
   - After expiration: Cannot renew/new initial application required
6. **Fee Payment**: An application received without payment of the full fee amount owed (see Item 5) will not be processed and will be returned to the applicant. Make check payable to Bureau of Security and Investigative Services or BSIS. Do not submit cash by mail. Application fees are non-refundable.
7. **Mail** your renewal application and check to: Bureau of Security and Investigative Services, P.O. Box 989002, West Sacramento, CA 95798-9002

General Information

1. **A renewal reminder will be mailed to your address of record (AOR) approximately 90 days prior to your firearms permit's expiration.** Please note that the reminder is not a firearms permit renewal application.
2. **Allow 60 days to process your application**. **DO NOT** contact the Bureau to check on the status of your application unless it is over 60 days from date of submission. You will be notified in writing if your application is deficient.
3. **Use the *Firearms Permit Renewal Application*.** Do not use a *Firearms Permit Initial Application* to renew your permit. An incorrect form is deficient and the completion of a new application on the correct form will be required.
4. **Use a current form**. An outdated form may require completion of a new application on a current form. Current forms are on the Bureau's website at http://www.bsis.ca.gov in Forms and Publications under the Licensees tab.
5. **Range Qualifications** - As each range qualification is separate, you may complete each one with a single Bureau-certified firearms instructor and firearms training facility or with multiple instructors and facilities.
6. **Range Qualification Requirement** - To renew a firearms permit, the applicant must have completed four range qualifications as follows: two (2) range qualifications during each 12-month period of the current permit's two-year term with no two (2) range qualifications completed closer than four (4) months apart. Also, only one qualification in each twelve-month period may be completed by firearm simulator, and only a simulator that complies with the requirements listed below may be used for a qualification. **NOTE:** Failing to adhere to the required qualification schedule and/or firearm simulator use limitation will result in you being ineligible for renewal and the need to apply for a new initial firearms permit. **See Suggested Range Qualification Schedule**.

   ***Firearm Simulator Requirement**: The firearm simulator MUST meet all the following requirements: (1) Provide a realistic imitation of the operation of an actual firearm including the weight, recoil, action, flash, and sound of a firearm at discharge, (2) Have the ability to match the caliber of the actual firearm the individual is qualifying to carry, and (3) Simulate the loading and reloading of an actual firearm.* (Title 16, Division 7, Section 631 of CA Code of Regulations)

7. **Two-Hour Training Course Requirement**: Prior to each of the four (4) Range Qualifications, applicant must have completed the training course on use of force and de-escalation of the use of force. (Title 16, Division 7, Section 633 of the California Code of Regulations)
8. **Written Firearms Examination Requirement**: A condition for renewal is the applicant passing the written Firearms Examination in the BSIS Firearms Training Manual with a score of 86% or greater. The law does not specify during which qualification the applicant must complete the written exam. The Bureau recommends the applicant take it in the second 12-month period of the current permit term.
9. **Firearms Permit/Qualifying License Association Information**: A BSIS firearms permit authorizes the permit holder to carry an exposed firearm while performing the duties of only those license types listed on the firearms permit itself. For example, a permit holder who only has a security guard registration listed on his/her firearms permit and who also holds a private investigator (PI) license cannot work armed while carrying out the duties of a PI licensee. The firearms permit card must list the private investigator license for the permitholder to work as an armed PI licensee.
10. **Firearms Assessment:** If you fail to meet the requirements for renewal and wish to hold a firearms permit, you must apply for a new firearms permit which is subject to the Firearms Assessment. For more information regarding the firearms assessment, visit this link on our website: www.bsis.ca.gov/firearmsassessment

Applicant Information

1. **The applicant must fill out the first two (2) pages of the renewal application. Applicants are not permitted to complete ANY portion of the Certification of Firearms Range Qualification/Review Course Training.**
2. **Email Address**: While optional, providing an email address may expedite the Bureau's communication with you if additional information is required to process this form.
3. **Address Information –** By law, an applicant is required to provide their residence address. The residence address can be designated as the Address of Record or the Confidential Address.

   Address of Record (AOR): This is the address that will appear on your permit and where the Bureau will mail your permit and any future correspondence relating to your permit. The AOR is also the address that will be disclosed in response to public records requests and/or public sales requests. If providing a Post Office Box or an address other than your residence address as your AOR, you must provide your residence address as a Confidential Address.

   Confidential/Residence Address: If AOR is not your residence address, you must provide your residence address.
4. **Type(s) of Licenses Currently Held –** Complete requested information for each license type you hold or are applying for that you wish to have associated with your firearms permit. The application will not be processed unless you are applying for and have been approved or currently hold a valid license as a private investigator (PI), private patrol operator (PPO), or alarm company operator; you are a qualified manager associated with a valid PPO or PI licensee; you possess a valid certificate as an alarm company operator qualified manager; or possess a valid registration as a security guard or alarm agent. **NOTE:** You can only carry a firearm while performing the duties of the license associated with the firearms permit. Also, officers of a PPO or PI licensee organized as a corporation, or members, managers, or officers of a PI licensee organized as limited liability company (LLC) are not a licensee; they are agents of the licensed corporation or LLC. Officers, managers or managing members who wish to hold a firearms permit must themselves hold a qualifying license.
5. **Active Duty Peace Officer –** If you are an active duty peace officer as defined in Chapter 4.5, (commencing with section 830) of Title 3 of Part 2 of the Penal Code or a federal qualified law enforcement officer as defined in section 926B of Title 18 of the United States Code, you may be **exempt** from the BSIS firearms requalification training requirements with proof of your peace officer status and proof of having completed firearms requalification trainings (BPC 7583.32). Verification of your active duty status can be satisfied by providing a legible copy of the front and back of your peace officer identification card. Acceptable proof of having completed firearms requalification trainings include copies of your firearms requalification training completion documents signed by your agency's Range Master, a copy of your POST profile detailing your requalification trainings, or a letter signed by your commanding officer or agency's Range Master, on your agency's letterhead, attesting to your successful completion of firearms requalification trainings. **NOTE**: This exemption does not apply to permitholders with firearms permit only

associated to a license issued under the Alarm Company Act. See BSIS website for additional information www.bsis.ca.gov).

Instructor Information

1. **Only the Bureau-certified Firearms Training Instructor who provided the training to the applicant is permitted to complete the Certification of Firearms Range Qualification/Review Course Training page for the specified qualification.**
2. **Caliber Boxes** – Draw a line through unused caliber boxes in the Applicant Training Information Table to prevent the addition of information after you have signed and released the form.
3. **Do not make revisions to the form**. If you need to change information, start a new form. The Bureau has no way of knowing if the change was made by the instructor or someone else.
4. **Citizenship or Permanent Resident Verification** – Provide specific information regarding the document presented by the applicant. For example, if a passport is provided, indicate the country of issuance (e.g., U.S. Passport, Canadian Passport, etc.). Also, "Citizenship Certificate" is not an actual document issued by the U.S. government. Indicate the specific title for the document (e.g., U.S. Citizen Identification Card, Certificate of United States Citizenship, Certificate of Naturalization). Indicating a general document title is a deficiency and will delay the processing of the application. See Attachment I of Firearms Training Manual for acceptable documents to verify citizenship/residency and the corresponding title of each document.
5. **Written Firearms Exam Scoring Instructions –** The BSIS Firearms Training Written Examination is worth 52 points. There are 50 written questions worth one point each plus two handgun diagrams with each diagram worth one point each. The applicant must correctly label each part of a handgun diagram to receive the one-point credit for that diagram. If one item is incorrectly labeled, the applicant does not get a point for the diagram. To pass the exam, the applicant must obtain a score of 86% or higher. An 86% score equals 45 correct responses. To determine an applicant's percentage score, divide the total number of correct responses by 52. NOTE: The law does not specify during which qualification the applicant must complete the written exam. The Bureau recommends the applicant take it in the second 12-month period of the current permit term.
6. **Due to changes in the law and Bureau operations, this application is periodically updated. Please routinely check the Bureau's website so that you are using the most current version.**

Important Information Relating to Your Firearms Permit

1. **Address Change:** You must notify the Bureau of any change in your address of record or residence address within 30 days from the date of change. Failure to provide timely notice may result in the issuance of a fine. An address change may be completed online via BreEZe if you have a BreEZe account, or via an Address Change (Personal) form. The form may be emailed to bsis@dca.ca.gov or mailed to Bureau of Security and Investigative Services, P.O. Box 989002, West Sacramento, CA 95798-9002. **See Applicant Information for address requirements.**
2. **Proof of Permit Renewal:** Holders of a renewed firearms permit associated with a Security Guard registration may work with a print out of the approved permit from the Department of Consumer Affairs' License Search website at https://search.dca.ca.gov/ along with a valid picture ID while waiting to receive the hardcopy of the renewed permit in the mail.

Instructions Continued on Next Page

Suggested Range Qualification Schedules

As a courtesy, the table below provides suggested range qualification schedules for renewal of a firearms permit. Adherence is not a mandatory provision for renewal, but a suggestion by the Bureau of typical schedules that satisfy the requirements for renewal and allow for timely renewal of the permit. To use the table, first check the expiration date on your firearms permit, find your permit's expiration month on the table, and follow the schedule detailed in the row. Each schedule provides sufficient time to submit your firearms permit renewal application at least 60 days before expiration, as required by law.

Expiration Month	First Range Qualification	Second Range Qualification	Third Range Qualification	Fourth Range Qualification
January	May-June	October-November	April-May	September-October
February	June-July	November-December	May-June	October-November
March	July-August	December-January	June-July	November-December
April	August-September	January-February	July-August	December-January
May	September-October	February-March	August-September	January-February
June	October-November	March-April	September-October	February-March
July	November-December	April-May	October-November	March-April
August	December-January	May-June	November-December	April-May
September	January-February	June-July	December-January	May-June
October	February-March	July-August	January-February	June-July
November	March-April	August-September	February-March	July-August
December	April-May	September-October	March-April	August-September

CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
Biennial Firearms Permit Qualification Application

DCA USE ONLY	DOJ USE ONLY
Date: _____	CII Number: _____
Staff: _____	

Please print clearly or type to ensure all responses are legible.

FAILURE TO PROVIDE COMPLETE INFORMATION WILL RESULT IN A REJECTION OF APPLICATION

Firearms Permit Type:	Firearms Permit Number:	Expiration Date:
Private Investigator with Firearm		
Private Patrol Officer with Firearm		
Security Guard with Firearm		
Other: _____		

APPLICANT INFORMATION:

Last Name:	First Name:	Middle Name:	Other Name(s) Used:	Sex:

Hair:	Eyes:	Weight:	Height:
◯ Black ◯ Blonde ◯ Brown ◯ Grey ◯ Bald ◯ Other	◯ Black ◯ Hazel ◯ Brown ◯ Grey ◯ Green ◯ Blue ◯ Other		

Address:	City:	State:	Zip Code:	Telephone No.:

Date of Birth:	Place of Birth (Country):	Driver License No./Military ID:

United States Citizen: ☐ YES ☐ NO

IF NO: Country of Citizenship: _____ Alien Registration or I-94 No.: _____

CERTIFICATION:

I declare under penalty of perjury under the laws of the State of California that I completed this form and all statements made by me are true and complete.

_____ _____

Signature of Applicant Date

DOJ USE ONLY

☐ Application Rejected. Reason: _____

ATI Number: _____ _____

☐ Not prohibited

☐ Prohibited ☐ Lifetime OR ☐ Limited - Expiration Date: _____

☐ Other: _____

Analyst: _____ Date: _____

PLEASE SUBMIT TWO COPIES OF THIS COMPLETED FORM