



**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



ADDRESS CHANGE (PERSONAL)

DO NOT USE THIS FORM TO REPORT BUSINESS ADDRESS CHANGES

NAME:		SSN/ITIN:
DATE OF BIRTH (MM/DD/YYYY):	PHONE NUMBER:	EMAIL ADDRESS (OPTIONAL):

OLD ADDRESS

ADDRESS:	CITY:	STATE:	ZIP CODE:
----------	-------	--------	-----------

NEW ADDRESS (Address of Record is public information. If you are using a P.O. Box or mailbox service address as your Address of Record, you must also provide your residential address. Your residential address will remain private).

ADDRESS OF RECORD:	CITY:	STATE:	ZIP CODE:
--------------------	-------	--------	-----------

(Do not complete this field if your residential address is the same as your Address of Record)

RESIDENTIAL ADDRESS:	CITY:	STATE:	ZIP CODE:
----------------------	-------	--------	-----------

SELECT ALL BSIS LICENSE TYPES FOR WHICH YOU WANT TO CHANGE YOUR ADDRESS AND LIST THE LICENSE NUMBER.

	LICENSE TYPE	LICENSE NO.
<input type="checkbox"/>	ALARM AGENT	
<input type="checkbox"/>	ALARM COMPANY QM	
<input type="checkbox"/>	BATON PERMIT	
<input type="checkbox"/>	BATON TRAINING INSTRUCTOR	
<input type="checkbox"/>	FIREARMS PERMIT	
<input type="checkbox"/>	FIREARMS TRAINING INSTRUCTOR	
<input type="checkbox"/>	PRIVATE INVESTIGATOR QM	
<input type="checkbox"/>	PROPRIETARY SECURITY OFFICER	

	LICENSE TYPE	LICENSE NO.
<input type="checkbox"/>	PRIVATE PATROL OPERATOR QM	
<input type="checkbox"/>	REPO. AGENCY EMPLOYEE	
<input type="checkbox"/>	REPO. AGENCY QM	
<input type="checkbox"/>	SECURITY GUARD	
<input type="checkbox"/>	LOCKSMITH EMPLOYEE	
<input type="checkbox"/>	PARTNER (COMPANY)	
<input type="checkbox"/>	MANAGING MEMBER (COMPANY)	
<input type="checkbox"/>	OFFICER (COMPANY)	

Submit this form by: email to bsis@dca.ca.gov; fax to (916) 575-7290; or mail to the Bureau at the address in the letterhead. Please note that mailed forms take longer to process.

Replacement License

Updating your address will not cause a replacement license to be issued and mailed to your new address. If you need a replacement license, you must complete and mail an Application for Replacement License along with payment or complete the transaction online through [BreEZe](#). A change of address must be submitted to the Bureau within 30 days of the change taking place pursuant to California Code of Regulations Title 16, Division 7, Section 606(b) and the California Business and Professions Code Sections 6980.32, 7508.6, 7566, 7587.14, and 7599.59.

Signature

Date