



## BRANCH OFFICE CERTIFICATE APPLICATION PRIVATE INVESTIGATOR

**Application Fee \$90.00**

Amount Enclosed: \$ \_\_\_\_\_

**COMPLETE THE FOLLOWING ABOUT THE BRANCH OFFICE**

1. Designated Person in Charge Of Branch Office	2. E-mail Address (Optional)
3. Physical Branch Office Address	City State Zip Code
4. Mailing Address (if different than the physical address)	City State Zip Code
5. Branch Office Telephone Number (      )	

**COMPLETE THE FOLLOWING ABOUT THE LICENSEE**

6. Business Name of Licensee ( as appears on license )	7. License No. & Exp. Date
8. Physical Address of Principal Place of Business	City State Zip Code
9. Name of Qualified Manager (QM)	10. Business Telephone Number (      )
11. E-mail Address (Optional)	
12. I DECLARE UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA that all statements on this application are true and correct.	
_____ Name (Print)	_____ Title (Print)
_____ Signature of Qualified Manager or Principal listed on the license	_____ Date

**INSTRUCTIONS FOR SUBMITTING THE APPLICATION**

1. Verify that the application is complete, signed, and dated.
2. **Do not send cash.** Send a check or money order for fees made payable to: Bureau of Security and Investigative Services and mail to P.O. Box 989002, West Sacramento, CA 95798.

This form must be completed for application for a branch office certificate. It will be used to determine branch office eligibility. This information is required pursuant to Business and Professions Code section 7535 and California Code of Regulations section 622.

A branch office registration is required for each additional location, separate of the principal place of business. If you are simply moving the location of a branch office and want to update the address, submit a change of address to the Bureau within thirty (30) days of moving (Business and Professions Code section 7535 and California Code of Regulations section 606) by downloading the application at [https://www.bsis.ca.gov/forms\\_pubs/company\\_chngadd.pdf](https://www.bsis.ca.gov/forms_pubs/company_chngadd.pdf).

Submission of the requested information is mandatory. The Bureau of Security and Investigative Services cannot consider your application for branch office registration unless you provide all of the requested information.

Pursuant to the California Public Records Act (Gov. Code § 6250 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 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).