

INFORMATION ABOUT LICENSING

REPOSSESSION AGENCY AND REPOSSESSION AGENCY QUALIFIED MANAGER

This packet contains information about obtaining a Repossession Agency license and a Repossession Agency Qualified Manager certificate, 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 licenses and regulates Repossession Agencies and Repossession Agency Qualified Managers in California under the provisions of the:

- California Business and Professions Code 7500-7511
- California Code of Regulations (formerly California Administrative Code) Title 16, Division 7

No person may engage in the business of a Repossession Agency in California without obtaining the proper license from this Bureau. Any person who operates without a license, unless exempted, or who represents himself or herself to be licensed and is not licensed, is guilty of a misdemeanor, which is punishable by a fine and/or imprisonment. Licensing laws and regulations are subject to change. Applicants are responsible for staying informed of legislative or regulatory changes which may affect the status of their application. If any such changes affect the status of an application after it has been filed with the Bureau, the applicant will be notified.

FEE AMOUNT AND PAYMENT

The application fee for an initial Repossession Agency license is \$970. 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 the Bureau of Security and Investigative Services or BSIS. Do not submit cash by mail. Application fees are non-refundable.

GENERAL QUALIFICATIONS FOR LICENSURE

Each person listed on the application (owner, partner, corporate officer, qualified manager) is required to meet certain general qualifications regarding fitness for licensure.

The person who will be in active charge of the business for a Repossession Agency is referred to as the qualified manager or qualified certificate holder. Each company license must have one person designated as the qualified manager and that person must meet the general license qualifications as well as more specific qualifications regarding age, experience and examination. The qualified manager may be an owner, partner, corporate officer or any other person meeting the requirements for a qualified manager.

DENIAL OF LICENSURE

A criminal history check is made on all applicants through the completion of a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) Live Scan. The director may deny a license if any person listed on the application as an owner, partner, corporate officer or qualified manager have done any of the following:

- Been convicted of a crime that is substantially related to the qualifications, functions or duties of the business of profession for which the application is made.

- Committed any act involving dishonesty, fraud or deceit with the intent to substantially benefit himself or herself, or injure another.
- Committed any act which, if done by a licensee of the business or profession in question, would be grounds for suspension or revocation of the license.
- Knowingly made a false statement of fact required to be revealed on the license application.
- Had a license which is under suspension.
- Been refused a license or had a license revoked, or been an owner, partner or qualified manager of any business that has been refused a license or had a license revoked by the Bureau.
- While unlicensed, committed, or aided and abetted the commission of, any act for which said license is required.

APPLICATION PROCESSING TIMEFRAME

The following items may affect the time required to process an application: incomplete application forms; incorrect or nonpayment of fees; passing the examination; the DOJ and FBI response time on criminal history checks; and the time required to verify application information.

Please allow a minimum of four weeks before contacting the Bureau regarding the status of an application.

FORMS REQUIRED FOR LICENSE APPLICATION

The following is a description of each type of form that must be included with the application. All required forms must be completed and submitted to the Bureau with the appropriate fees before the application will be processed. The attached Repossession Agency Application Forms Checklist on page 8 lists the forms required for a Repossession Agency license. Please check the completed application package against this list before submitting it to the Bureau.

APPLICATION FOR LICENSE (Form 31C-4) (fee required)

A separate Repossession Agency application must be filed for each entity applying for a license. For example, if a sole owner Repossession Agency also wants to have a partnership, the sole owner must file two separate Repossession Agency applications.

Note: If applying for a Repossession Agency Qualified Manager license only, there is no need to complete the Application for License (Form 31C-4).

Reassignment of License (fee required)

To request the reassignment of an existing Repossession Agency license, submit a letter addressed to the Bureau Chief. The letter should state the request for the reassignment and provide a brief explanation on why the reassignment is needed. Only requests where the direct and indirect owners of the assignor (current business organization) are identical to the direct and indirect owners of the assignee (new business organization) are potentially eligible for reassignment. If consent for the assignment is granted, then the payment of the processing fee authorized by Business and Professions Code section 7511 and California Code of Regulations section 642, must be submitted for the Bureau to carry out the reassignment. To apply for reassignment, submit:

- Letter addressed to the Bureau Chief, specifically requesting the reassignment with brief explanation of why reassignment is needed

- Repossession Agency Application for License (31C-4)
- Personal Identification Form for each principal involved in the business (31C-9)
- Repossession Agency Request for Authorization of Business Name (31C-12)
- If consent is granted by the Bureau Chief, payment of \$400 is required to process the reassignment.

Business address: A post office box or mailbox service may not be used as the address of record unless mail delivery to the physical location of the business is not possible or the principal place of business is located in your personal residence. If a post office box or mailbox service is listed as the address of record, the applicant must include an explanation for doing so with the application and provide the physical location/address of the business.

Corporate 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 the Statement of Information, filed with the Secretary of State, must also accompany the application.

PERSONAL IDENTIFICATION FORM (Form 31C-9) (no fee required)

Each person listed on the Repossession Agency Application for License as an owner, partner, corporate officer and/or qualified manager of the business 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. Repossession Agency qualified manager applicants who do not have a current qualified manager certificate are to complete Form 31C-26.

APPLICATION FOR QUALIFIED MANAGER CERTIFICATE (Form 31C-26) (fee required)

This form is to be completed only by those persons applying for examination to become a qualified manager for a Repossession Agency and submit two passport quality photographs, taken within the past year. If the applicant already has a current qualified manager certificate, he or she is not required to complete this form or pay the fee. After passing the examination, and successful completion of other requirements, a qualified manager certificate (separate from a company license) will be issued to the applicant.

QUALIFIED MANAGER - GENERAL REQUIREMENTS

QUALIFYING EXPERIENCE FORM (Form 31C-8) (no fee required)

This form must be completed for all persons applying for examination as a qualified manager for a Repossession Agency. **All qualifying experience for the Qualified Manager must be certified on this form by someone other than the applicant.** A separate form is to be used by each person who is certifying experience and for each employer. All military qualifying experience must be supported by a copy of the applicant's DD-214 or Performance Evaluation Report. Additional support of experience may be required as requested by the Bureau. One year of experience is considered to be a minimum of 2,000 hours of compensated time in the required field.

The person who is designated as the qualified manager must meet these general requirements in addition to the experience requirement listed below:

- Be at least 18 years of age.

- Attain a passing score on the written examination.
- Have at least two years (2,000 hours each year) of lawful compensated experience totaling not less than **4,000** hours either:
 - As an employee of a licensed repossession agency in the state and registered as a repossession agency employee (RAE) of that licensed repossession agency during the five years preceding the date the application is filed

OR

- Recovering collateral as a salaried employee of a financial institution or vehicle dealer within this state.

Note: If an applicant has previously passed the examination for a Repossession Agency Qualified Manager and currently holds a valid license, the applicant does not have to retake the exam.

Examination: Examinations are designed to determine proficiency of the applicant to engage in the business of a Qualified Manager for a Repossession Agency. In order to be considered for examination, the Bureau must receive the completed application and appropriate fee(s).

After an application is approved, the applicant's name and address will be sent to Psychological Services Industry (PSI). PSI will mail the applicant a candidate handbook and study materials. Upon receipt of this information the applicant may call the phone number provided in the handbook and schedule the date, time and location of for an examination.

Disclaimer: Successfully passing the Repossession Agency Qualified Manager examination does not guarantee the issuance of a Repossession Agency license from the Bureau.

Examinees requiring special testing arrangements due to a physical or mental impairment must submit a request to the Bureau for such arrangements. This request must be in writing and include supporting documentation from a physician or other qualified professional.

Re-examination: If an applicant does not pass the qualified manager exam, or is unable to attend the scheduled exam date, the applicant may apply to sit for the exam at a later date by submitting a written request or an application for re-examination (form is attached to the results notice) and the appropriate fees. The applicant will receive the candidate handbook and study materials from PSI. Once this information is received, the applicant may schedule an appointment with PSI to take the exam.

REQUEST FOR AUTHORIZATION OF BUSINESS NAME (Form 31C-12) (no fee required)

Business may not be conducted under a fictitious or other business name unless written authorization is received from this Bureau.

The Bureau recommends that an applicant wait until issuance of a Repossession Agency license before incurring expenses related to the use of the name, e.g., stationery, business cards, advertising, telephone listings, etc. for the Repossession Agency. **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.**

The Request for Authorization of Business Name form will not be processed before receipt of an application and fees. List business names to be considered in order of preference. Name approval or disapproval is not available by telephone. Applicants who have already passed the required examination will be notified of name approval or disapproval after review and acceptance of the

application. New applicants will be advised of name approval or disapproval with notification of passing the written examination.

Note: If applying for a Repossession Agency Qualified Manager license only, there is no need to complete the Request for Authorization of Business Name (Form 31C-12).

LIVE SCAN SITES AND FORMS

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.

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.

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 certification as a Repossession Agency Qualified Manager and each person listed on the application for licensure as an owner, partner, or corporate officer.

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

ABANDONMENT OF APPLICATIONS

If an applicant does not complete the license application process within one year after the application is filed with the Bureau or does not pass the examination within a one-year period after becoming eligible, the application will be considered abandoned. The date the application will be considered abandoned is included in the applicant's examination scheduling letter. Once an application is considered abandoned, the applicant will be required to submit a new Live Scan form, along with a new application and appropriate fees.

FINAL STEPS IN THE LICENSING PROCESS

When all requirements are met for licensing, including the requirements for the qualified manager, the applicant will be notified to send the following items:

- License fee, if not already paid (see Repossession Agency Company Schedule of Fees).
- Any additional information needed to complete the application.
- **For applicants who applied as a Corporation:** 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, if not already submitted.

REPOSSESSION AGENCY COMPANY SCHEDULE OF FEES

License Type	Fee Type	Fee Amount
Repossession Agency (RA)	Initial Application	\$970
	Reassignment	\$400
	Biennial Company Renewal	\$750
	Delinquent Company Renewal (\$750 renewal fee + \$375 delinquency fee)	\$1,125
	Replacement Company License (Large or Small Wall)	\$25
Repossession Agency Qualified Manager (RAQ)	Initial Application and Exam	\$350
	Re-exam	\$60
	Biennial Renewal	\$225
	Delinquent Renewal (\$225 renewal fee + \$112.50 delinquency fee)	\$337.50
	Replacement Certificate (Small Wall or Pocket Card)	\$25
RA and/or RAQ	Replacement Company Pocket Card (for Company Principals or Qualified Managers)	\$25

ANY QUESTIONS?

If you have questions regarding the Repossession Agency 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
Repossessor@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.

REPOSSESSION AGENCY AND REPOSSESSION AGENCY QUALIFIED MANAGER APPLICATION FORMS CHECKLIST

APPLICATION AND FINGERPRINT PROCESSING FEES ARE NON-REFUNDABLE.

This form is for your use only. Please do not submit it to the Bureau with your application. Check off each form that you have completed. When all pertinent forms are checked off, submit your application package and appropriate fees to the Bureau. Make checks payable to the Bureau of Security and Investigative Services.

REPOSSESSION AGENCY

- Application for License (Form 31C-4) Application Processing Fee: \$970
- Personal Identification Form (Form 31C-9)
One form and one passport quality photograph, taken within the past year, for each owner, partner, corporate officer and manager.
- Request for Authorization of Business Name (Form 31C-12)
- Corporation Applicants Only:** (1) A copy of the endorsed Articles of Incorporation (Domestic Corporation) or a copy of the endorsed Statement and Designation by Foreign Professional Corporation Form (Foreign Corporation) filed with the California Secretary of State, and (2) Copy of Statement of Information filed with the Secretary of State.
- Corporation or Partnership Applicants Only:** Include your Federal Employer Identification Number (FEIN) on page 9 of your application packet.

REPOSSESSION AGENCY QUALIFIED MANAGER

- Application for Qualified Manager Certificate (Form 31C-26) Application and Exam Fee: \$350
One form and two passport quality photographs, taken within the past year.
- Personal Identification Form (Form 31C-9)
One form and two passport quality photographs, taken within the past year.
- Qualifying Experience (Form 31C-8)
One form from each person who is certifying the required work experience.



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



REPOSSESSION AGENCY
APPLICATION FOR LICENSE



DO NOT LIVE SCAN UNTIL YOU HAVE SUBMITTED YOUR APPLICATION

This information is requested pursuant to California Business and Professions Code section 7503 and will be used to determine eligibility for licensure. All information is necessary and if not provided, the application may be rejected. You must submit the application/licensing fee(s) with your application package. Failure to do so may delay the processing of your application. Please note that the application processing fee and/or license fees are non-refundable.

Check this box if this application is for Reassignment of an existing license.

PLEASE TYPE OR PRINT CLEARLY.

1. Proposed Business Name

2. Business Address - Number and Street City State Zip Code

3. Qualified Manager's Full Name

4. Qualified Manager License Number (if licensed) 5. Telephone - Business Residence

6. Type of Business Organization Individual Partnership Corporation

SSN or ITIN (Individual Ownership Only) FEIN (Corporate or Partnership Ownership Only) Secretary of State Identification Number (Corporation Only)

List the name of each owner, partner, 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.

Name - Last First Middle Position Telephone

Each person listed in items 3 and 6 must complete and submit a Repossession Agency Personal Identification Form (Form 31C-9), even though the person may have previously submitted this information in connection with another license.

I/We declare under penalty of perjury, under the laws of the State of California, that all information contained on this Application for License and any accompanying documents is true and correct, with full knowledge that all statements made in this form 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 Signature Date
Signature Date Signature Date
Signature Date Signature Date

SIGNATURES REQUIRED: If type of license is individual, the owner and the Qualified Manager (QM) must sign.
If type of license is a partnership, all partners and the QM must sign.
If type of license is a corporation, a duly authorized officer and the QM must sign.

(See Disclosure Language on next page.)

Disclosure Language

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 § 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 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. 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.



PERSONAL IDENTIFICATION FORM
REPOSSESSION AGENCY PRINCIPALS, CORPORATE OFFICERS,
AND REPOSSESSION AGENCY QUALIFIED MANAGER



DO NOT LIVE SCAN UNTIL YOU HAVE SUBMITTED YOUR APPLICATION

Each person listed on the Repossession Agency Application for License (Form 31C-4) as an owner, partner, corporate officer, and qualified manager of the business must complete and submit this form. This form is also to be completed for any change in corporate officer or qualified manager after the license 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, 7503.1, 7503.2, 7503.3 and 7503.4 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.

PLEASE TYPE OR PRINT CLEARLY.

1. This application is for a: <input type="checkbox"/> Repossession Agency License (RA) <input type="checkbox"/> Repossession Agency Qualified Manager Certificate (RAQ)		2. A change in an existing license: <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Qualified Manager <input type="checkbox"/> Other	
3. Name of Qualified Manager (Please Print)			
4. Business Name		5. License Number (if licensed)	
6. Full Name Last		First	Middle
7. SSN or ITIN (Mandatory)		8. Date of Birth (Mo/Day/Yr)	
9. Residence Address – Number and Street		City	State Zip Code
10. Telephone Number Residence () Business ()		11. Email Address (optional)	
12. YOUR POSITION WITH BUSINESS: (Check all that apply) <input type="checkbox"/> OWNER <input type="checkbox"/> QUALIFIED MANAGER <input type="checkbox"/> PARTNER <input type="checkbox"/> OFFICER _____ OFFICE HELD			
13. 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"/> NO <input type="checkbox"/>
14. 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"/> NO <input type="checkbox"/>
15. Have you ever used a name other than your present legal name?			YES <input type="checkbox"/> NO <input type="checkbox"/>
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.			

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

Disclosure Language

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 § 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 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. 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.

**Attach one passport
quality photograph, taken
within the past year**



DEPARTMENT OF CONSUMER AFFAIRS
BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

P.O. Box 989002, West Sacramento, CA 95798-9002

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REPOSSESSION AGENCY
REQUEST FOR AUTHORIZATION OF BUSINESS NAME

Any name under which you intend to do business, including your own name, must be submitted to the Bureau for approval pursuant to California Business and Professions Code section 7503. A Request for Authorization of Business Name form will not be accepted prior to application for license. Business may not be conducted under a fictitious or other business name unless written authorization is received from the Bureau. Any advertisement must contain the exact business name as approved by the Bureau. The use of a fictitious business name is subject to the provisions of California Business and Professions Code Chapter 5 (commencing with section 17900) of Part 3 of Division 7. This Chapter defines fictitious name and contains provisions regarding use and requirement for filing a statement with the local county clerk.

Repossession Agency: Business and Professions Code section 7503 states in part:

No licensee shall be issued in any fictitious name which may be confused with or which is similar to any federal, state, county, or municipal governmental function or agency, or in any name which may tend to describe any business function or enterprise not actually engaged in by the applicant, or in any name which is the same as or so similar to that of any existing licensee as would tend to deceive the public, or in any name which would otherwise tend to be deceptive or misleading.

* The Bureau must maintain a physical address of record on file at all times. If mail delivery to the physical location of the business is not possible, please list a mailing address in addition to the physical business address. If you are operating out of your residence and wish to keep your physical address confidential from public record, please submit a written request and attach it with this form.

1. Name of Qualified Manager

2. *Physical Business Address – Number and Street City State Zip Code

3. *Mailing Address (If applicable) City State Zip Code

4. Telephone Number Residence () Business ()

5. List proposed business names in the order of preference. At least three choices should be provided if a fictitious name is requested; however, five choices are preferable. If the first name listed is approved, additional names will not be considered. Other criteria for name approval:

- If initials are to be used as part of the name, you must explain what they stand for.
• The use of the following words will not be approved for an individual or partnership license: Corporation, Corp., Incorporated, Inc.
• The following words or initials will not be approved as part of a fictitious or business name: U.S., United States, Federal, State, Bureau, Police, Task Force, Community, County.

- 1.
2.
3.
4.
5.

Table with 2 columns: Approved, Disapproved. Header: Department Use Only.

6. CERTIFICATION:

If type of license is individual, the owner and the Qualified Manager (QM) must sign.

If type of license is a partnership, all partners and the QM must sign.

If type of license is a corporation, a duly authorized officer and the QM must sign.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature Title Date

Signature Title Date

Signature Title Date

Signature Title Date

Disclosure Language

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 § 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 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. 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.



APPLICATION FOR REPOSSESSION AGENCY QUALIFIED MANAGER CERTIFICATE
(Not required by Repossession Agency applicants who currently have a licensed Qualified Manager)

STOP 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 form is to be completed by the individual who wishes to become the qualified manager for a repossession agency. If granted, a certificate allows you to act as a qualified manager for a licensed company; however, it does not take the place of a company license. This form must be accompanied by two passport quality photographs, taken within the past year.

Please note that the Qualified Manager Certificate fee is non-refundable.

This information is requested pursuant to California Business and Professions Code sections 480, 7503.1, 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.

PLEASE TYPE OR PRINT CLEARLY.

1. NAME: LAST FIRST MIDDLE	2. SSN OR ITIN (MANDATORY):
3. RESIDENCE ADDRESS: NUMBER AND STREET CITY STATE ZIP CODE	
4. TELEPHONE NUMBER: Residence () Business ()	5. DATE OF BIRTH (Month/Day/Year):

6. BUSINESS NAME:	7. BUSINESS LICENSE NUMBER (If Licensed):
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8. BUSINESS ADDRESS: NUMBER AND STREET CITY STATE ZIP CODE
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9. YOUR POSITION WITH BUSINESS: (Check all that apply)

OWNER QUALIFIED MANAGER
 PARTNER OFFICER OFFICE HELD _____

10. 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 NO

11. Have you or any partnership or corporation of which you were a member or officer of had any license denied, suspended or revoked by any state, territory, or governmental agency? YES NO

12. Have you ever used a name other than your present legal name? YES NO

13. 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

14. EMPLOYMENT HISTORY: List most recent experience first and attach the completed Qualifying Experience forms for any experience used to qualify for the license examination. If additional space is needed, attach a separate sheet.

NAME OF EMPLOYER		TELEPHONE NUMBER ()	DUTIES PERFORMED:
ADDRESS: NUMBER STREET	CITY	STATE ZIP CODE	
YOUR POSITION TITLE	SUPERVISOR'S NAME		
NAME OF EMPLOYER		TELEPHONE NUMBER ()	DUTIES PERFORMED:
ADDRESS: NUMBER STREET	CITY	STATE ZIP CODE	
YOUR POSITION TITLE	SUPERVISOR'S NAME		
NAME OF EMPLOYER		TELEPHONE NUMBER ()	DUTIES PERFORMED:
ADDRESS: NUMBER STREET	CITY	STATE ZIP CODE	
YOUR POSITION TITLE	SUPERVISOR'S NAME		

IMPORTANT: If you answered "YES" to questions 10 - 12, attach a supplementary statement giving a complete and detailed explanation, including dates, names used, license numbers, reasons, etc.

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 Application for Qualified Manager Certificate 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

Attach two passport quality photographs, taken within the past year.

Disclosure Language

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..

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REPOSSESSION AGENCY QUALIFIED MANAGER QUALIFYING EXPERIENCE

(Not required by Repossession Agency applicants who currently have a licensed Qualified Manager)

DO NOT LIVE SCAN UNTIL YOU HAVE SUBMITTED YOUR APPLICATION

The information on this form is used to determine experience qualifications of applicants for licensure and is requested pursuant to California Business and Professions Code section 7504. One form must be completed by each person (declarant) who is certifying the applicant's experience. **The declarant section of the form must be completed by someone other than the applicant who has knowledge of the work experience claimed by the applicant. Use a separate form for each employer.**

THIS SECTION TO BE COMPLETED BY THE APPLICANT

1. NAME OF APPLICANT				
2. RESIDENCE ADDRESS OF APPLICANT: NUMBER AND STREET		CITY	STATE	ZIP CODE
3. APPLICANT'S TELEPHONE NUMBER				
Residence ()		Business ()		
4. NAME OF EMPLOYER FROM WHOM APPLICANT ACQUIRED EXPERIENCE			5. NAME OF IMMEDIATE SUPERVISOR	
6. ADDRESS OF ABOVE EMPLOYER: STREET		CITY	STATE	ZIP CODE
			7. EMPLOYER'S BUSINESS TELEPHONE NUMBER	
			()	

THIS SECTION TO BE COMPLETED BY THE DECLARANT

The declarant is the person who certifies or attests to the applicant's experience. The information given is important to the applicant since it may help that person qualify for a Repossession Agency license. It is also important to the Bureau of Security and Investigative Services (Bureau) which uses it to determine if the applicant meets the experience requirements.

Please complete this form and return it to the applicant. Incomplete or inaccurate forms may be returned and/or may prevent or delay the applicant from qualifying for licensure. A Bureau representative may contact you by telephone or mail to verify statements or to get additional information regarding the applicant's experience qualifications. One year of experience is considered to be a minimum of 2,000 hours of compensated time for the specific license filed.

The applicant may have several declarants; you may be certifying only part of the experience required. The total time required to obtain a Repossession Agency Qualified Manager certificate is 4,000 hours of experience in this state within the last five years.

8. NAME OF DECLARANT				
9. ADDRESS OF DECLARANT: NUMBER AND STREET		CITY	STATE	ZIP CODE
10. DECLARANT'S TELEPHONE NUMBER			11. DECLARANT'S LICENSE NUMBER IF LICENSED WITH THIS BUREAU	
Residence ()		Business ()		
12. NAME OF DECLARANT'S EMPLOYER				
13. ADDRESS OF DECLARANT'S EMPLOYER: NUMBER AND STREET		CITY	STATE	ZIP CODE
14. DECLARANT'S RELATIONSHIP TO APPLICANT:				
<input type="checkbox"/> PRESENT EMPLOYER		<input type="checkbox"/> FORMER EMPLOYER		<input type="checkbox"/> PRESENT SUPERVISOR
<input type="checkbox"/> OTHER (Give full explanation in Additional Comments section.)		<input type="checkbox"/> FORMER SUPERVISOR		
15. DECLARANT HAS PERSONALLY KNOWN APPLICANT FOR: YEARS MONTHS			16. APPLICANT EMPLOYED BY EMPLOYER NAMED IN BOX NUMBER (4) FOR: YEARS MONTHS	

17. Describe in detail the employment duties of the applicant during the period that you are declaring. Please indicate the percentage of time performing the types of duties listed in the box on the right. (Percentages must be shown)		
POSITION TITLE	TOTAL HOURS ACCUMULATED	IS/WAS APPLICANT: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> If Part-time, number of hours worked per week _____ or month _____ On Payroll? Yes <input type="checkbox"/> No <input type="checkbox"/> Subcontractor? Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> <i>(Please use the space in the Additional Comments section for explanation.)</i>
EXACT DATES OF EMPLOYMENT (Include Month, Day, and Year) FROM: _____ TO: _____ DESCRIPTION OF DUTIES _____ _____ _____ _____ _____ _____ _____ _____		
		<u>PERCENTAGE OF TIME (%)</u> Repossession _____ Office: (Explain) _____ Other: (Explain) _____ <i>(Please use the space in the Additional Comments section for explanation.)</i>

ADDITIONAL COMMENTS:

The undersigned hereby declares under penalty of perjury, under the laws of the State of California, that all statements contained herein are true and correct.

SIGNATURE OF DECLARANT

TITLE

DATE

Disclosure Language

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