



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

Post Office Box 989002
West Sacramento, CA 95798-9002
Phone (916) 322-4000 (800) 952-5210
Fax (916) 575-7290 www.bsis.ca.gov/

REQUEST FOR TRAINING FACILITY
NAME CHANGE

No Fee Required
(An incomplete form will not be processed.)

Check all that apply:

- Firearm Training Facility
Certificate No.
Baton Training Facility
Certificate No.

SECTION A: LICENSEE/APPLICANT INFORMATION (PLEASE PRINT)
Requestor Name (Last) (First) (MI)
Position Title Current Company Name
Last 4 digits of your SSN or ITIN Date of Birth (Month/Day/Year)
SECTION B: REQUESTED COMPANY NAMES
Please list at least five names for consideration.
1. 4.
2. 5.
3. 6.
SECTION C: LICENSEE/ APPLICANT CERTIFICATION
I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate, and that I did not change my company name for purposes of fraud.
Signature of Applicant Date

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.

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.

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@dca.ca.gov.