



**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 TRAINING FACILITY CERTIFICATE  
RENEWAL/REINSTATEMENT 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 applicant.**

**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.

**(COMPLETE ELECTRONICALLY ON COMPUTER OR PRINT CLEARLY IF HANDWRITTEN)**

Company Name		Fee Amount ( <b>SEE INSTRUCTIONS</b> )
		\$
TFF Certificate Number	Certificate Expiration Date	
Company Address of Record (Address, City, State & Zip Code) ( <b>SEE INSTRUCTIONS</b> )		
Company Physical Address (Address, City, State & Zip Code) ( <b>SEE INSTRUCTIONS</b> )		
<input type="checkbox"/> <b>Check box if requesting to update your address(es) with the Bureau (<b>SEE INSTRUCTIONS</b>)</b>		
Name of Person Completing Application ( <b>SEE INSTRUCTIONS</b> )	Person Title ( <b>SEE INSTRUCTIONS</b> )	
Telephone (Optional) ( <b>SEE INSTRUCTIONS</b> )	Email Address (Optional) ( <b>SEE INSTRUCTIONS</b> )	

**Mandatory Disclosure Language**

Submission of the requested information is required unless otherwise noted as optional. The Bureau of Security and Investigative Services (BSIS) of the Department of Consumer Affairs (Department) cannot process your Firearms Training Facility Certificate Renewal/Reinstatement Application unless all requested information is provided.

Pursuant to the Information Practices Act, 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 § 6250 et seq.) and the Information Practices Act (Civ. Code § 1798.61), information about persons possessing a license, certificate, permit or registration may be disclosed by the BSIS unless otherwise specifically exempt from disclosure under the law. The Address of Record of each licensee is not exempt from disclosure and will be released upon request by a member of the public. The BSIS makes every effort to protect the exempt personal information you provide us. Exempt information provided by you, however, may be disclosed in response to a court or administrative order, a subpoena, or a search warrant.

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: Custodian of Record, P.O. Box 980550, Sacramento, CA 95798-0550; by phone at (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).

**I CERTIFY UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, that all statements on this application are true and correct, with full knowledge that all statements herein are subject to investigation and that any false, dishonest, or incomplete answers to any questions on the application may be grounds for denial or subsequent revocation of my license and/or criminal prosecution.**

\_\_\_\_\_  
**Signature of Person Who Completed Form (See Instructions)**

\_\_\_\_\_  
**Date**

## INSTRUCTIONS FOR COMPLETING RENEWAL/REINSTATEMENT APPLICATION

1. All sections of the form should be completed.
2. **Renew timely** – The average processing time for company renewal applications is 60 days. To help prevent the expiration of your certificate before it is renewed, the Bureau recommends the renewal/reinstatement application be submitted no less than 60 days before expiration of your current certificate. **NOTE:** Applications received more than 90 days before expiration will be returned.
3. **Fee Amount Due – READ CAREFULLY.** A Firearms Training Facility (TFF) certificate may only be renewed before expiration. After expiration, the certificate may be reinstated up to 3 years after expiration with payment of reinstatement fee(s). See TFF renewal/reinstatement fees below:

### Renewal/Reinstatement Fees:

- Before expiration: \$750.00
  - Reinstatement (within 2 years of expiration): \$1,125.00
  - After 2 years of expiration: Email [FacilitiesandInstructors.dca@dca.ca.gov](mailto:FacilitiesandInstructors.dca@dca.ca.gov) for fee owed
  - After 3 years of expiration: Cannot renew/new initial application required
4. **Fee Payment:** An application received without payment of the full fee amount owed (see Item 3) 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.
  5. **Address Information:** The address of your principal place of business must be on file with the Bureau. Generally, this is reflected as your company's address of record (AOR) in the Bureau's files. If your principal place of business is your personal residence, the AOR may be a P.O. box or mailbox service. If your AOR is a P.O. box or mailbox service, you also must provide the Bureau with your residence address.  
**Address of Record (AOR):** This is the address that will appear on your certificate and where the Bureau will mail your renewal certificate and any future correspondence relating to your certificate. 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 mailbox service as your AOR, you must provide your residence address.  
**Residence Address:** If your AOR is a P.O. box or mailbox service, your residence address is required.  
**NOTE:** Changing your address(es) via this application, only changes the address for this certificate. You must file a Change of Address Form to change the address on other licenses you hold.
  6. **Person Authorized to Complete/Sign Application:** Only a principal reflected in the Bureau's records as associated with the certificate is authorized to sign the application. (Below are potential principals.)
    - a. **Sole Ownership:** Only the owner associated with the certificate
    - b. **Partnership:** Only a partner associated with the certificate
    - c. **Corporation:** Only an officer associated with the certificate
  7. **Telephone and Email Address:** While optional, providing a phone number and an email address may expedite the Bureau's communication with you if additional information is required to process this application.
  8. **Mail** your renewal application and check to: Bureau of Security and Investigative Services, P.O. Box 989002, West Sacramento, CA 95798-9002.

### IMPORTANT INFORMATION

1. **Address Change:** You must notify the Bureau of any change in your address within 30 days of change.
2. **Expired TFF Certificate:** Any person providing TFF activities on an expired certificate is conducting unlicensed activity, which can result in disciplinary action being taken against the certificate.