



**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

P.O. Box 980550  
West Sacramento, CA 95798-0550  
(916) 322-4000 (800) 952-5210  
Fax (916) 575-7289 [www.bsis.ca.gov](http://www.bsis.ca.gov)

**NOTICE OF VIOLENT ACT**

(Repossession Agency, Repossession Agency Qualified Manager, Repossession Agency Employee)

This information is requested pursuant to Business and Professions Code section 7507.6 and shall be provided to the Bureau within seven (7) days after the occurrence of a violent act as defined in that code section. A copy of this report may be mailed to the address in the letterhead or e-mail a copy of this report to [BSIS.IncidentReports@dca.ca.gov](mailto:BSIS.IncidentReports@dca.ca.gov). The information provided will be used to investigate the incident to determine if further Bureau action is necessary. If a violation of law is established, disciplinary action may be initiated as provided by the Business and Professions Code.

<b>NAME OF REPOSSESSION AGENCY:</b>			<b>LICENSE NUMBER:</b>		
<b>ADDRESS:</b>	<b>Number and Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>TELEPHONE NO.:</b>	<b>Business</b>	<b>Cell</b>	<b>E-MAIL ADDRESS</b>		
<b>DATE OF INCIDENT</b>			<b>TIME OF INCIDENT</b>		
<b>LOCATION WHERE INCIDENT OCCURED</b>			<b>NAME AND ADDRESS OF REGISTERED OWNER</b>		

Names of all persons involved (indicate registration number for each employee and personal contact information, and indicate the function of each unregistered person):

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**IF A POLICE REPORT WAS FILED, PROVIDE THE FOLLOWING INFORMATION**

<b>NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY:</b>	
<b>FILE NUMBER:</b>	<b>DATE FILED:</b>

