



**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

**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: 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>

Please give a brief description of the incident. Be specific. If more space is required, attach a second sheet. Be sure to sign the last page.

The incident occurred as follows:

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Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature of QM or Licensee: \_\_\_\_\_ 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. 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 report. 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 report becomes the property of the Bureau and information on this report 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@dca.ca.gov](mailto:bsis@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).