



**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**  
 P.O. Box 989002, West Sacramento, CA 95798-9002  
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## APPLICATION FOR REPLACEMENT OF ALARM AGENT REGISTRATION CARD

### Application Fee: \$25.00

Read all instructions for completing this application on reverse side. An incomplete or incorrectly completed application will delay processing.

#### COMPLETE ELECTRONICALLY ON COMPUTER OR PRINT CLEARLY IF HANDWRITTEN

|   |            |   |
|---|------------|---|
| Last Name   | First Name | Middle Name   |
| Registration Number:  |            | Registration Expiration Date:                       |
| Date of Birth: <b>(SEE INSTRUCTIONS)</b>  |            | SSN/ITIN: <b>(SEE INSTRUCTIONS)</b>                 |
| Address of Record: (Address, City, State & Zip Code)  |            |   |
| Residence Address: (Address, City, State & Zip Code)  |            |   |
| <input type="checkbox"/> <b>Check box if requesting to update an address with the Bureau (SEE INSTRUCTIONS)</b>   |            |   |
| Telephone: (Optional) <b>(SEE INSTRUCTIONS)</b>   |            | Email Address: (Optional) <b>(SEE INSTRUCTIONS)</b> |
| <b>EXPLANATION OF WHY REPLACEMENT IS NEEDED.</b> (Explanation required pursuant to Title 16, Division 7, Section 608.3 of the California Code of Regulations)   |            |   |
| <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged/Destroyed <input type="checkbox"/> Other (Explain Below):  |            |   |
| <b>Explanation:</b> _____<br>_____  |            |   |
| <b>MANDATORY DISCLOSURE LANGUAGE</b>  |            |   |
| <p>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 Application for Replacement of Alarm Agent Registration Card unless all requested information is provided.</p> <p>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 replacement license, registration, certificate or permit. Information on your application may be transferred to other governmental or law enforcement agencies, as permitted by law.</p> <p>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.</p> <p>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 <a href="mailto:bsis.prarequests@dca.ca.gov">bsis.prarequests@dca.ca.gov</a>. 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 <a href="mailto:dca@dca.ca.gov">dca@dca.ca.gov</a>.</p> |            |   |

## CERTIFICATION

I CERTIFY UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, that:

- I personally completed this application;
- To the best of my knowledge all statements on this application are true and accurate; and
- With full knowledge that all statements herein are subject to investigation and that any false, dishonest, or incomplete answer to any question on this application may be grounds for disciplinary action on any Bureau license, registration, permit, certificate or permit I hold, or may subject me to civil sanction or criminal prosecution.

Signature (No Electronic Signature/Only Handwritten Signature Accepted)

Date

## INSTRUCTIONS FOR COMPLETING APPLICATION

1. **Fee Payment:** An application received without full payment of the \$25.00 fee will not be processed and returned to the requestor. Make your check payable to Bureau of Security and Investigative Services or BSIS. Do not submit cash by mail. Application fees are non-refundable.
2. **Date of Birth and SSN/ITIN:** This personal identifier information assists in identifying applicant in the Bureau's database.
3. **Email Address and Phone Number:** While optional, providing an email address and phone number may expedite the Bureau's communication with you if additional information is required to process this application.
4. **Address Information:** A Bureau registrant is required to provide their residence address. The residence address can be designated as the Address of Record or the Confidential Address.

**Address of Record (AOR):** This is the address that will appear on your registration and where the Bureau will mail your registration and any future correspondence relating to your alarm company employee registration. The AOR is also the address that will be disclosed in response to public records requests and/or public sales requests. If providing a P.O. Box or an address other than your residence address as your AOR, you must provide your residence address.

**Residence Address:** If your AOR is not your residence address, you must provide your residence address. The residence address is confidential.

**NOTE:** Changing your address(es) via this application, only changes the address for this registration. You must file a Change of Address Form to change the address on other licenses you may hold.

## IMPORTANT INFORMATION

**Reporting Requirement for Lost/Destroyed/Stolen Alarm Agent Registration Card:** You must notify your employer and apply to the Bureau for a replacement card within 72 hours of your registration card being lost, destroyed or stolen.

**Working While Waiting for Receipt of Your Replacement Alarm Agent Registration Card:** If your alarm agent registration is in current and clear status, after submitting an Application for Replacement of Alarm Agent Registration Card you may work as an alarm agent while waiting to receive your replacement. Pending receipt of your replacement, you may use a hardcopy printout of your alarm agent registration from the Department of Consumer Affairs License Search website at <http://search.dca.ca.gov> along with a valid picture identification card.