



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES
P.O. Box 989002, West Sacramento, CA 95798-9002
P (916) 322-4000 (800) 952-5210 | F (916) 575-7290 | www.bsis.ca.gov



PRIVATE INVESTIGATOR
APPLICATION FOR LICENSE

This information is requested pursuant to California Business and Professions Code section 7525.1 and will be used to determine eligibility for licensure. All information is necessary and if not provided, the application may be rejected. You must submit the licensing fee(s) with your application package. Failure to do so may delay the processing of your application. Please note that the application processing fee/examination fee and/or license fees are non-refundable. If the qualified manager has already passed the Bureau examination and is still eligible to be a qualified manager, you may submit the licensing fee and the application fee with this application.

Check this box if this application is for Reassignment of an existing license.

PLEASE TYPE OR PRINT CLEARLY

1. Proposed Business Name

2. Business Address – Number and Street City State Zip Code

3. Qualified Manager’s Full Name

4. Qualified Manager License Number (if licensed) 5. Telephone – Business Residence
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6. Type of Business Organization
Individual Partnership Corporation Limited Liability Company

Social Security or Individual Taxpayer Identification Number (Individual Ownership Only)

FEIN (Partnership, Corporation, or LLC only)

Secretary of State Identification Number (Corporation Only)

List the name of each owner, partner, managing member, or corporate officer of the business and identify their position. For corporations list chief executive officer, secretary, chief financial officer, and any other corporate officer who will be active in the business. If additional space is needed, attach a separate sheet.

Name – Last First Middle Position Telephone
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Each person listed in items 3 and 6 must complete and submit a Private Investigator Personal Identification Form (Form 31B-9), even though the person may have previously submitted this information in connection with another license.

I/We declare under penalty of perjury, under the laws of the State of California, that all information contained on this Application for License and any accompanying documents is true and correct, with full knowledge that all statements made in this form are subject to investigation and that ANY FALSE OR DISHONEST ANSWER TO ANY QUESTION MAY BE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF LICENSE.

Signature Date
Signature Date
Signature Date

Signature Date
Signature Date
Signature Date

SIGNATURES REQUIRED: If type of license is individual, the owner and the Qualified Manager (QM) must sign. If type of license is a partnership, all partners and the QM must sign. If type of license is a corporation, then a duly authorized officer and the QM must sign. If type of license is a LLC, then a duly authorized member must sign.

(See Next Page for Additional Information)

Disclosure Language

Submission of the requested information is mandatory. The Bureau of Security and Investigative Services cannot consider your application for licensure or renewal unless you provide all of the requested information.

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 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. Your completed application becomes the property of the Bureau 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.

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. 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.