



**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



ADDRESS CHANGE (COMPANY)

(Please type or print clearly)

DO NOT USE THIS FORM TO REPORT PERSONAL ADDRESS CHANGES.

Company Name:		Phone Number:	
Social Security Number or Individual Taxpayer Identification Number <i>(Individual Owner Only):</i>		Federal Employer Identification Number <i>(Partnership, Corporation, or Limited Liability Company):</i>	

Old Business Address

Address:	City	State	Zip
----------	------	-------	-----

New Mailing Address

Address of Record*:	City	State	Zip
---------------------	------	-------	-----

**If you are using a P.O. Box or mail box service address as your Address of Record, you must also provide the physical address of the business.*

New Physical Address

Physical Address	City	State	Zip
------------------	------	-------	-----

Select the BSIS license type for which you want to change your address and list the license number.

<input type="checkbox"/> Alarm Company Operator	ACO	<input type="checkbox"/> Private Investigator Company	PI
<input type="checkbox"/> Alarm Company Branch Office	ACB	<input type="checkbox"/> Private Investigator Branch Office	PIB
<input type="checkbox"/> Baton Training Facility	TFB	<input type="checkbox"/> Private Patrol Operator	PPO
<input type="checkbox"/> Firearms Training Facility	TFF	<input type="checkbox"/> Private Patrol Operator Branch Office	PPB
<input type="checkbox"/> Locksmith Company	LCO	<input type="checkbox"/> Proprietary Private Security Employer	PSE
<input type="checkbox"/> Locksmith Company Branch Office	LCB	<input type="checkbox"/> Repossession Agency	RA

Submit this form by email to bsis@dca.ca.gov or mail to the Bureau at the address in the letterhead. Please note that mailed forms take longer to process.

Replacement License

Updating your business address will not cause a replacement license to be issued and mailed to your new address. If a replacement license is needed, you must complete and mail an Application for Replacement License along with payment or complete the transaction online through BreEZe at www.breeze.ca.gov.

A change of address must be submitted to the Bureau within 30 days of the change taking place pursuant to California Code of Regulations Title 16, Division 7, Section 606(b) and the California Business and Professions Code Sections 6980.32, 7508.6, 7566, 7587.14, and 7599.59.

Name <i>(Print name of authorized owner, partner, corporate officer, managing member, or qualified manager):</i>	
Signature:	Date: