

BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

P.O. Box 989002, West Sacramento, CA 95798-9002 (800) 952-5210 Fax (916) 575-7290 www.bsis.ca.gov



APPLICATION FOR BSIS ADVISORY COMMITTEE MEMBER

Mail your completed applicat above address or e-mail the ap received without a resume will	oplication in PDI	F format and your	•	_	-	
The submission of this form of member to the Committee.	loes not commit	you to being a me	mber of or guara	antee that you	ı will be selected as a	
Applying for (Select Only O	one):	ublic Member	☐ Industry	Member		
Name First Name	Middle Name		Last Name			
Residence AddressNumber and Street		City		State	Zip Code	
Company/Organizational Affiliat	ion					
Business Title						
Business Address						
Number and Stre	eet	City		State	Zip Code	
Home Phone Number	Cell P	Phone Number				
E-Mail_						
Please check box if you would like to proposed and final changes to laws, and n		rom the Bureau with imp	ortant news about BSIS	S activities such as	changes to examinations,	
Work/Volunteer Experience	, Educational H	istory and Memb	erships: Please	attach your o	current resume.	
Include college/graduate school	ol, graduation da	te, degree awarded	d, and major.			
Check all licenses held and provie expiration dates.	de license number	and issue/	All non-licensed	BSIS related e	xperience.	
License Type	License Number	Issue/Expiration Date			d significant experience. , emploment, or experience.	
Alarm Company			_	er Advocacy As		
Collateral Recovery		-		ent (Federal, S		
Locksmith Company			Industry Related Associations			
Private Investigator				ve Experience		
Private Patrol Operator				orcement Expe		
Proprietary Security				Military Police Experience		
Security Guard				Related Experi		
Baton/Firearm Training Facility/Instructor			Security Other (Ex	Related Instruc xplain)	ctor	
List all alarm, collateral recover employer entities, or baton/fir profit organizations, etc.) with director, trustee, partner, employees if necessary.	earm training fac which you have	cilities (corporation been affiliated (as	ns, firms, partner an officer, owner	ships, busines , qualified ma	ss enterprises, non- anager, stockholder,	

Please answer the following questions. Attach additional page if necessary.		
1YesNo	Have you ever been convicted of a violation of any federal, state, county or municipal law, regulation or ordinance (not including traffic violations for which a fine of \$500 or less was imposed)? If yes, please explain.	
2YesNo	Are you currently under federal, state, or local investigation for possible violation of a criminal law or ordinance? If yes, please explain.	
3YesNo	Do you own real property, personal property, financial holding or receive income from any source related to the investigative, security, alarm repossessor or locksmith industry which might present a potential conflict of interest or appearance of conflict of interest with the Bureau of Security and Investigative Services Advisory Committee? If so please explain.	
Please provide a backgray pages if necessary	rief statement on why you would like to serve on the Bureau's Advisory Committee. Attach additional	
I certify under penalty of perjury, under the laws of the State of California, that the information presented above is complete, true and correct to the best of my knowledge and belief. I understand that if I am selected as a member of the Advisory Committee, I will be required to complete a Volunteer Service Agreement and an Oath of Allegiance.		
Signature:	Date:	
Name (Print)		