



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES
P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000
www.dca.ca.gov/bsis



REQUEST FOR CHANGE OF ADDRESS

(Please type or print clearly)

Name: _____

License or Registration
Number(s): _____
(This request will not be processed without this number.)

Phone Number (including area code): _____

OLD ADDRESS

Address: _____

City, State, Zip Code:

NEW ADDRESS

Address: _____

City, State, Zip Code:

Please mail this form to the Bureau at the above address or fax to (916) 575-7290. Thank you.

California Code of Regulations (CCR's) and the Business and Professions Code sections 606 (b) , 7508.6 , 7566 , 7587.14 , 7599.59 and 6980.32 state that the Director may assess administrative fines against any licensee, registrant, or firearms qualification card holder for failure to notify the Bureau within 30 days of any change of residence or business address.

Signature _____ Date _____