



## REGISTRATION FOR SECURITY POLICE PERMIT

Permit No: \_\_\_\_\_

Street Patrol Officer P-683

CID File No: \_\_\_\_\_

Private Patrol Service P-664

Legal Name of Applicant: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Name of Person Submitting Application: \_\_\_\_\_

Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CA Driver's License/ID No: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

State Guard License No: \_\_\_\_\_ Firearm License No: \_\_\_\_\_

Other License Type (Specify): \_\_\_\_\_ Other License No: \_\_\_\_\_

I declare under the penalty of perjury and under the laws of the State of California, that all information provided on this Registration For Security Police Permit form and any accompanying document(s) is/are true and correct. To the best of my knowledge, I understand all the information provided is subject to investigation and any false information can result in the delay, denial or disqualification of my application.

Additional information must be provided by Private Patrol Service companies.

\_\_\_\_\_  
Registrant or authorized Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessing Deputy City Clerk or Notary Public

\_\_\_\_\_  
Date