



Bureau for Private Postsecondary Education
P.O. Box 980818
West Sacramento, CA 95798-0818

OFFICE USE ONLY
Date Stamp _____
SAIL application # _____
Application fee _____ Date _____
School Code _____
Revenue Code 1258003K _____

Renewal Application for Approval to Operate for an Accredited Institution
(California Education Code §§ 94885, 94887; Title 5, California Code of Regulations § 71480)

(\$500 Non Refundable Application Fee)

1. INSTITUTION

Name of Institution:	Institution/School Code:	

Mailing Address:		

City	State	Zip

Phone Number:	Fax Number:	

Website Address:		

2. INSTITUTION'S CONTACT PERSON (for this application)

Name	Email Address	

Address		

City	State	Zip

Telephone Number	Fax Number	

3. ACCREDITATION

Attached is a certified copy of the current verification of accreditation granted by the accrediting agency.

4. DECLARATION UNDER PENALTY OF PERJURY

This application shall be signed with original or digital signature by the following:

- Each owner of the institution, or each partner in a partnership, or
- If the institution is incorporated, by the chief executive officer or president of the corporation and each owner of 25 percent or more of the stock, or interest in the institution, or
- If the institution is a nonprofit corporation or a public institution, by the chief executive officer or the president.

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Signature _____ Date _____

Name _____ Title: _____

Federal Employer Identification Number for Partnerships; Social Security Number for all others*:

Physical Address _____

City _____ State _____ Zip _____

Owning _____% of Ownership Member, Board of Directors _____ General Partner _____

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Signature _____ Date _____

Name _____ Title: _____

Federal Employer Identification Number for Partnerships; Social Security Number for all others*:

Physical Address _____

City _____ State _____ Zip _____

Owning _____% of Ownership Member, Board of Directors _____ General Partner _____

*Disclosure of your federal employer identification number (EIN) or social security number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42USCA 405 (c)(2)(C) authorize collection of your EIN/SSN. Your EIN/SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity that utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your EIN/SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

Attach Additional Sheet(s) if Necessary



NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information

The Bureau for Private Postsecondary Education (Bureau) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form in accordance with the following: Business and Professions Code (BPC) sections 30, 114.5, 115.4, 115.5, 480, Education Code sections 94885 and 94887, Title 5 California Code of Regulations section 71110 through 71340, 71390, 71395, 71396, 71480, 71500, 71550, 71630, 71640, 71650, 71652, 71653, and the Information Practices Act (Civil Code section 1798 and following). The Bureau uses this information, in accordance with DCA's **Privacy Policy**, principally to identify and evaluate applicants for approval to operate a postsecondary educational institution, renew approvals, make substantive changes, verify exemptions, and enforce standards set by law and regulation.

Mandatory Submission

Submission of the requested information is mandatory. The Bureau cannot consider your application unless you provide all the requested information.

Access to Personal Information

You may review the records maintained by the Bureau contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

The Bureau makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or for access to your records, contact Bureau for Private Postsecondary Education at 1747 North Market Blvd., Suite 225 Sacramento, CA 95834, by (888) 370-7589, or by email at bppe@dca.ca.gov. For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.