



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

<b>OFFICE USE ONLY</b>	
Date Stamp	
SAIL Application #	_____
Application fee	_____ Date _____
School Code	_____
Revenue Code	***** _____

**Application for Registration or Re-Registration of Out of State Institutions**

*(California Education Code §§ 94801.5, 94850.5, 94930.5; Title 5, California Code of Regulations §§ 71396, 74000, 76130, 76215)*

**(\$1,500.00 fee to register and re-register)**

Effective July 1, 2017, an out-of-state private postsecondary educational institution must register with the Bureau or is not authorized to enroll California students. (Ed. Code § 94801.5.) “Out-of-state private postsecondary educational institution” means a private entity without a physical presence in California that offers postsecondary distance education to California students for a fee, regardless of whether the entity has any affiliates located in California. (Ed. Code § 94850.5.) Non-public higher education institutions that are degree granting, non-profit, and accredited are exempt and need not register. (Ed. Code § 94801.5(b).) Each registration and re-registration carries a fee of \$1,500.00 and is valid for two years. (Ed. Code §§ 94930.5(e)(1), 94801.5(d).)

To register (or re-registration after expiration of a prior registration), the following must be included with the information required in this application:

1. Verification that the institution is accredited by an accrediting agency recognized by the United States Department of Education.
2. Verification that that the institution is approved to operate in the state where it maintains its main administrative location.
3. A copy of the institution’s (a) catalog and (b) enrollment agreement for its California students, showing the required Student Tuition Recovery Fund disclosures.
4. A \$1,500.00 non-refundable registration fee.

**Check one of the following:**

- This is an initial application for registration. (The Bureau has not previously granted a registration.)
- or**
- This is an application for re-registration. (The Bureau previously granted a registration.)

**If this is an application for re-registration, check the following statements if accurate:**

- The institution certifies that it has remitted Student Tuition Recovery Fund assessments collected from its California students to the Bureau.
- The institution certifies that it has provided Student Tuition Recovery Fund disclosures to its California students in its catalog and enrollment agreement.

**1. OUT-OF-STATE INSTITUTION**

Legal Name of Institution: \_\_\_\_\_

Business Form (please check only one):

- sole proprietorship     partnership     limited liability company
- corporation (for profit)     corporation (non-profit)

DBA or Trade Name of Institution (if different than legal name):

Institution's  
Main Administrative 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. INSTITUTION'S CALIFORNIA AGENT FOR SERVICE OF PROCESS**

The institution is required to designate and maintain an agent for service of process who is physically within this state, and provide the name, address, and telephone number of the agent to the Bureau.

Name:

Address:

City: State: Zip:

Telephone Number:

**4. AFFILIATED INSTITUTION(S) IN CALIFORNIA (if any)**

Identify any affiliated institutions or affiliated institutional locations the out-of-state institution has in California. Attach additional sheets if necessary. An affiliate is an entity that is related to the out-of-state institution by financial interests or other means of control.

Legal Name of Affiliate Institution:

Institution/School  
Code with the Bureau:

Business Form (please check only one):

- sole proprietorship    partnership    limited liability company  
 corporation (for profit)    corporation (non-profit)

DBA or Trade Name of Affiliate Institution or Affiliate Locations (if different than legal name):

Affiliate Institution's  
California Address(es):

City: State: Zip:

Phone Number: Fax Number:

**5. ACCREDITATION**

Attached is verification of accreditation granted by the institution’s accrediting agency that is recognized by the United States Department of Education.

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**6. STATE AUTHORIZATION**

Attached is verification that the institution is approved to operate in the state of its main administrative location.

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**7. CATALOG AND ENROLLMENT AGREEMENT**

Attached are copies of the current catalog and a sample enrollment agreement for California students, showing the required Student Tuition Recovery Fund (STRF) disclosures.

- Catalog
  - Enrollment agreement
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**8. CERTIFICATION UNDER PENALTY OF PERJURY**

**I hereby certify, under penalty of perjury under the laws of the State of California, that I am a person authorized to act for and bind the applicant and that all statements, answers, and representations made on this form and any accompanying attachments are true, complete, and accurate to the best of my knowledge. By submitting this form and signing below, I am granting permission to the Bureau for Private Postsecondary Education to verify the information provided.**

  

<hr/> <b>Authorized Signature</b>	<hr/> <b>Date</b>
<hr/> <b>Print or Type Name:</b>	<hr/> <b>Title:</b>

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**NOTICE ON COLLECTION OF PERSONAL INFORMATION**

The information requested on this application is mandatory pursuant to Education Code sections 94801.5, 94850.5 and Title 5 CCR section 71396. Failure to provide all of the information requested will result in the application being rejected as incomplete. The information provided will be used to determine qualification of the applicant for registration by the Bureau for Private Postsecondary Education (Bureau) as an out-of-state private postsecondary educational institution. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information maintained by the Bureau unless the records are exempted from disclosure by law. For questions about this notice or access to your records, you may contact the Bureau for Private Postsecondary Education, P.O. Box 980818, West Sacramento, CA 95798, by phone at (916) 431-6959, or by email at bppe@dca.ca.gov.