



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

Institution/School
Code:

Name of Institution: _____

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. OWNER(S)

List all people who own or control 25% or more of the stock or interest in the Institution or any other person who exercises substantial control over the institution's management or policies, or any other financial involvement in the institution. Attach separate sheets if necessary.

Please check here if addition sheet(s) is (are) attached.

Name _____

Title: _____

Physical Address (Home Address) _____

Federal Employer Identification Number for Partnerships;
Social Security Number for sole owners*:

City _____

State _____

Zip _____

Telephone Number _____

Email Address _____

| | | |
|---------------------------------|--|-----|
| Name | Title | |
| Physical Address (Home Address) | Federal Employer Identification Number for Partnerships; Social Security Number for sole owners*: | |
| City | State | Zip |
| Telephone Number | Email Address | |

*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 11350.6 of the Welfare and Institutions 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.

4. ACCREDITATION

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

5. DECLARATION UNDER PENALTY OF PERJURY

- Each owner of the institution, or
- If the institution is incorporated, by the chief executive officer of the corporation and each owner of 25 percent or more of the stock, or interest in the institution, or
- By each member of the governing body of a nonprofit corporation.

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: |
| Owning _____%, Member, Board of Directors _____ General Partner _____ Chief Executive Officer _____ | |

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: |
| Owning _____%, Member, Board of Directors _____ General Partner _____ Chief Executive Officer _____ | |

Attach Additional Sheet(s) if Necessary



Renewal Application Optional Questionnaire

Business and Profession Code Section 114.5 requires all boards, bureaus, committees and commissions within the Department of Consumer Affairs to ask whether an applicant or licensee is serving in, or has previously served in, the military. Answering these questions is optional but if you can check “YES” below, please complete and return this insert with your renewal application.

| | |
|--|---|
| 1) Is your institution individually owned or a sole proprietorship? | Yes <input type="checkbox"/> <i>If “Yes,” proceed to question 2 below.</i> |
| 2) Are you currently serving, or have you previously served, in the military? | Yes <input type="checkbox"/> |
| If checked YES to Questions 1 and 2, please return this form with your renewal application, completing the information below. Name of Institution: _____ BPPE Institution Code: _____ | |



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Renewal Application Optional Questionnaire

Business and Profession Code Section 135.4 requires all boards, bureaus, committees and commissions within the Department of Consumer Affairs to ask whether an applicant has refugee status, has been granted asylum or a special visa. Answering these questions is optional but if you can check “YES” to both questions below, please return this insert with your application for an approval to operate.:

| | |
|---|--|
| 1) Is your institution individually owned or a sole proprietorship? | Yes If “Yes,” proceed to question 2 below |
| 2) As the owner of the institution have you been admitted to the United States as a refugee under Section 1157 of Title 8 of the United States Code, have been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to Section 1158 of Title 8 of the United States Code, or they have a special immigrant visa (SIV). | Yes |

If you checked YES to Questions 1 **and** 2, please return this form with your approval to operate application, completing the information below.

Name of Institution: _____