

**BUREAU OF SECURITY AND INVESTIGATIVE SERVICES**

Post Office Box 980438
 West Sacramento, CA 95798-0438
 Fax # (916) 575-7159
 www.bsis.ca.gov

**DECLARATION OF COMPLIANCE**

I, _____, present address of _____
 _____ telephone # _____,
 submit this Declaration of Compliance to the Bureau of Security and Investigative Services for
 the period of _____ to _____.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. I have obeyed all federal, state and local laws. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have obeyed all rules and regulations governing the programs of the Bureau of Security and Investigative Services. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have obeyed all terms of probation. | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: IF YOU ANSWER "NO" TO ANY OF THESE QUESTIONS, EXPLAIN BELOW.

REMARKS:

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

 (Signature)

SUBMIT TO: Bureau of Security & Investigative Services
 Attn: Monique Murray
 Post Office Box 980438
 West Sacramento, CA 95798-0438