

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAMN NEWSOM, GOVERNOR

DEPARTMENT OF CONSUMER AFFAIRS • BUREAU FOR PRIVATE POSTSECONDARY EDUCATION
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GENERAL INFORMATION

THIS DOCUMENT DOES NOT REPLACE THE REQUIREMENT FOR YOU TO SUBMIT THE APPROPRIATE APPLICATION FOR SUBSTANTIVE CHANGES, AS REQUIRED PURSUANT TO CEC §94893 - §94896 and 5, CCR §71500 - §71660.

PLEASE COMPLETE ALL THE INFORMATION IN THIS FORM:	
Institution Information	
Institution Name:	
Physical Address:	Institution Code:
	School Code:
Mailing Address:	
Email Address:	Phone Number: Fax Number:
Website Address:	I ax Nulliber.
Institution Contact/Designee	
Name:	
Email Address:	
Physical Address:	Phone Number:
Custodian of Records	
Name:	
Email Address:	T., ., .
Address where records are kept:	Phone Number:
records are kept.	
If your designated Agent for Service of Process has changed, please refer to CCR section 74190 for instructions on how to update this information. To the best of my knowledge, I declare that the information submitted is true and correct.	
Owner/Institution Contact/Authorized Person Signature	Date
Printed Name and Title	

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