



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 <b>1257009P</b>	

**Application for Approval to Operate an Accredited Institution**  
*(California Education Code §§ 94885, 94887; Title 5, California Code of Regulations § 71390)*  
**(\$750.00 non-refundable fee)**

**1. INSTITUTION**

Name of Institution: \_\_\_\_\_ Institution/School Code: \_\_\_\_\_

Institution's 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