



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 1257009S / 1257009V

Application for Change of Business Organization/Control/Ownership
(California Education Code §§ 94894, 94896; Title 5, California Code of Regulations §71640)

- Approved Institution \$500.00 non-refundable fee**
 Institution Approved By Means of Accreditation \$250.00 non-refundable fee

1. INSTITUTION

Name of Institution: _____ School Code: _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

2. INSTITUTION'S CONTACT PERSON (for this application)

Name _____ Email Address _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

If this institution is approved by means of accreditation, skip to #8

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

3.1 CURRENT FORM OF BUSINESS ORGANIZATION

Individually owned; sole proprietorship

General Partnership Limited Partnership

For Profit Corporation Non-Profit Corporation Limited Liability Corporation

State where incorporated _____ Date of Incorporation _____

(Attach copies of the articles of incorporation and bylaws.)

3.2 PROPOSED FORM OF BUSINESS ORGANIZATION

Individually owned; sole proprietorship

General Partnership Limited Partnership

For Profit Corporation Non-Profit Corporation Limited Liability Corporation

State where incorporated _____ Date of Incorporation _____

(Attach copies of the articles of incorporation and bylaws.)

4.1 CURRENT 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 additional sheet(s) is (are) attached.

Name	Title:	
Street Address (Home Address)	Federal Employer Identification Number for Partnerships; Social Security Number for sole owners*:	
City	State	Zip
Telephone Number	Email Address	
Percentage of Ownership:	Nature of Interest:	
Name	Title	
Street Address (Home Address)	Federal Employer Identification Number for Partnerships; Social Security Number for sole owners*:	
City	State	Zip
Telephone Number	Email Address	
Percentage of Ownership:	Nature of Interest:	

4.2 PROPOSED 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:	
Street Address (Home Address)	Federal Employer Identification Number for Partnerships; Social Security Number for sole owners*:	
City	State	Zip
Telephone Number	Email Address	
Percentage of Ownership:	Nature of Interest:	
Name	Title	
Street Address (Home Address)	Federal Employer Identification Number for Partnerships; Social Security Number for sole owners*:	
City	State	Zip
Telephone Number	Email Address	
Percentage of Ownership:	Nature of Interest:	

*Disclosure of your 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 SSN. Your 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 SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

4.3 Attach a Statement from anyone listed in 4.2 who:

a) Was found in any judicial or administrative proceeding to have violated the Act or the law of any other state related to untrue or misleading advertising, the solicitation of prospective students for enrollment in an educational service, or the operation of a postsecondary school.

b) Was denied any type of license on grounds set forth in Section 480 of the Business and Professions Code.

c) Was adjudicated as responsible for the closure of an institution in which there were unpaid liabilities to the state or federal government or any uncompensated pecuniary losses suffered by students

d) Has stipulated to a judgment or administrative order or entered a consent decree involving any matters described in this section.

e) Was convicted of any misdemeanor or felony as provided in Section 480(a)(1) of the Business and Professions Code.

Please check here if there is an (are) attachment(s)

4.4 Explanation of Pending Actions

Provide an attachment(s) explaining any legal action pending against the institution or ownership or any of the institution’s owners, officers, corporate directors administrators or instructors by any federal, state, or local law enforcement agency involving alleged acts of fraud, dishonesty, financial mismanagement, unpaid liabilities to any governmental agency or claims for pecuniary loss suffered by any student.

Please check here if there is an (are) attachment(s)

5. THE REASON FOR THE PROPOSED CHANGE

Provide the reason for the proposed change.

Document is attached: Yes No

Describe the planned administrative relationship between the persons previously approved and the proposed owners or persons in control. Include in the description the extent of the supervision by the chief academic officer, chief operating officer, chief executive officer, and administrators.

Document is attached: Yes No

6. FINANCIAL RESOURCES AND REPORTS

Describe the impact of the changes on the financial resources of the institution including the ability of the institution to maintain the financial resources required pursuant to 5 C.C.R. section 71745.

Document is attached: Yes No

7. ADDITIONAL INFORMATION

Include any material facts, which have not otherwise been disclosed in the application that might reasonably affect the Bureau’s decisions to grant an approval to operate.

Document is attached: Yes No

8. DECLARATION UNDER PENALTY OF PERJURY

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

Current Owners or Persons in Control

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 _____

Address _____

City _____ State _____ Zip _____

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 _____

Address _____

City _____ State _____ Zip _____

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 _____

Address _____

City _____ State _____ Zip _____

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

Attach Additional Sheet(s) if Necessary

Proposed Owners or Persons in Control

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 _____

Address _____

City _____ State _____ Zip _____

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 _____

Address _____

City _____ State _____ Zip _____

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

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Signature _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

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Attach Additional Sheet(s) if Necessary