



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

Name of Institution:	Institution/School Code:	

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