



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 additional 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 17520 of the Family 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**

**This application shall be signed with original or digital signature by the following:**

- Each owner of the institution, or each partner in a partnership, or
- If the institution is incorporated, by the chief executive officer or president of the corporation and each owner of 25 percent or more of the stock, or interest in the institution, or
- If the institution is a nonprofit corporation or a public institution, by the chief executive officer or president.

**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



## Approval to Operate Application Optional Questionnaire

Business and Profession Code Section 114.5 requires all boards, bureaus, committees and commissions within the Department of Consumer Affairs to ask whether an applicant is serving in, or has previously served in, the military. Answering these questions is optional but if you can check “YES” to both questions below, please return this insert with your application for an approval to operate.

<b>1) Is your institution individually owned or a sole proprietorship?</b>	Yes <input type="checkbox"/> <i>If “Yes,” proceed to question 2 below.</i>
<b>2) As the owner of the institution, are you currently serving, or have you previously served in the military?</b>	Yes <input type="checkbox"/>
If checked YES to Questions 1 <b>and</b> 2, please return this form with your approval to operate application, completing the information below.  Name of Institution: _____	



## Approval to Operate Application Optional Questionnaire

Business and Profession Code Section 135.4 requires all boards, bureaus, committees and commissions within the Department of Consumer Affairs to ask whether an applicant has refugee status, has been granted asylum or a special visa. Answering these questions is optional but if you can check “YES” to both questions below, please return this insert with your application for an approval to operate.:

<b>1) Is your institution individually owned or a sole proprietorship?</b>	Yes <input type="checkbox"/> If “Yes,” proceed to question 2 below
<b>2) As the owner of the institution have you been admitted to the United States as a refugee under Section 1157 of Title 5 of the United States Code, have been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to Section 115 of Title 5 of the United States Code, or they have a special immigrant visa (SI ).</b>	Yes <input type="checkbox"/>

If you checked YES to Questions 1 and 2, please return this form with your approval to operate application, completing the information below.

Name of Institution: \_\_\_\_\_



## NOTICE ON COLLECTION OF PERSONAL INFORMATION

### Collection and Use of Personal Information

The Bureau for Private Postsecondary Education (Bureau) of the Department of Consumer Affairs (DCA) collects the personal information requested on this form in accordance with the following: Business and Professions Code (BPC) sections 30, 114.5, 115.4, 115.5, 480, Education Code sections 94885 and 94887, Title 5 California Code of Regulations section 71110 through 71340, 71390, 71395, 71396, 71480, 71500, 71550, 71630, 71640, 71650, 71652, 71653, and the Information Practices Act (Civil Code section 1798 and following). The Bureau uses this information, in accordance with DCA's **Privacy Policy**, principally to identify and evaluate applicants for approval to operate a postsecondary educational institution, renew approvals, make substantive changes, verify exemptions, and enforce standards set by law and regulation.

### Mandatory Submission

Submission of the requested information is mandatory. The Bureau cannot consider your application unless you provide all the requested information.

### Access to Personal Information

You may review the records maintained by the Bureau contain your personal information, as permitted by the Information Practices Act. See below for contact information.

### Possible Disclosure of Personal Information

The Bureau makes every effort to protect the personal information you provide. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 7920.000 and following), as allowed by the Information Practices Act.
- Disclosure to another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

### Contact Information

For questions about this notice or for access to your records, contact Bureau for Private Postsecondary Education at 1747 North Market Blvd., Suite 225 Sacramento, CA 95834, by (888) 370-7589, or by email at [bppe@dca.ca.gov](mailto:bppe@dca.ca.gov). For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at [dca@dca.ca.gov](mailto:dca@dca.ca.gov).