



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	City
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	City
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 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 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

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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

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#### 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

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#### 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

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## 8. DECLARATION UNDER PENALTY OF PERJURY

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

- Each current and proposed owner of the institution, or each partner in a partnership, or
- If the institution is incorporated, by the current and proposed chief executive officer or president of the corporation, and each current and proposed 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 the president.

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### 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 \_\_\_\_\_

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**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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**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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Attach Additional Sheet(s) if Necessary

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**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\_\_\_\_\_

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**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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**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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Attach Additional Sheet(s) if Necessary



## 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).