

Board of State and Community Corrections Standards and Training for Corrections 2590 Venture Oaks Way Sacramento, CA 958331

NOTICE OF CHANGE TO TRAINING PROVIDER NAME AND/OR OWNERSHIP

To apply, completely fill out all the requested information <u>and sign</u> this form below. You may email this application to <u>stcnewprovider@bscc.ca.gov</u> or mail it to the above address, ATTN: New Provider application. All applications will be acknowledged within 1-2 weeks with a phone call from an STC Field Representative; approved applicants will receive confirmation via email.

□ NAME CHANGE ONLY (COMPLETE SECTIONS 1, 2 AND 5)
 □ OWNERSHIP AND NAME CHANGE (COMPLETE SECTIONS 1, 2, 3, 4 AND 6)

SECTION 1: CURRENT PROVIDER INFORMATION										
1. CURRENT COMPANY NAME			2. TELE	PHONE NUMBER						
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3. OWNER NAME (Last, First, Middle)		4 E MAI	L ADDRESS		· · · · · · · · · · · · · · · · · · ·					
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5. COMPANY STREET ADDRESS										
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6. CITY	7. STATE	8. ZIP CC	8. ZIP CODE							
SECTION 2: NAME CHANGE INFORMATION										
9. NEW COMPANY NAME		10. TEL	EPHONE NUMBER							
			()	EXT.					
11. COMPANY STREET ADDRESS										
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12. CITY		B. STATE	14. ZIP	CODE						
15. E-MAIL ADDRESS	16	16. REASON FOR NAME CHANGE AND/OR OWNERSHIP:								
				SECTION 3: NEW OWNER INFORMATION						
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SECTION 4: TRAINING INFORMATION					
30. AGENCY(S) YOU INTEND TO PROVIDE TRAINING TO	31. TYPE OF TRAINING TO BE PROVID CORE ☐ ANNUAL ☐	ED			
32. PROVIDE A BRIEF DESCRIPTION OF THE TRAINING TO BE PRESE	ENTED TO STC AGENCIES				
33. PROVIDE A BRIEF NARRATIVE ON WHY YOU WOULD LIKE TO CO	NTINUE AS AN STC PROVIDER				
SECTION 5: APPLICANT COMMITMENT					
I certify that I have sole legal authority to change the business name. I will adhere to the STC Program regulations and the STC Policy and Procedure Manual for Training Providers in course delivery, documentation, and billing. I further certify that all information submitted to the Board of State and Community Corrections will be accurate to the best of my knowledge.					
34. SIGNATURE OF CURRENT PROVIDER APPLICANT (in full)		35. DATE			
SECTION 6: CHANGE OF OWNERSHIP COMMITMENT					
I certify that I have taken over ownership of the business listed in Section 1 and have sole legal authority of the business as of now. I will adhere to STC Program regulations and the STC Policy and Procedure Manual for Training Providers in course delivery, documentation, and billing. I further certify that all information submitted to the Board of State and Community Corrections will be accurate to the best of my knowledge.					
36. SIGNATURE OF NEW PROVIDER APPLICANT (in full)		37. DATE			
I certify that I have sole legal authority to transfer all liability to the new owner above. I further certify that all information submitted to the Board of State and Community Corrections will be accurate to the best of my knowledge.					
38. SIGNATURE OF CURRENT PROVIDER (in full)		39. DATE			