

APPLICANT SUBMITTING AGENCY REQUEST TO CHANGE

BCIA 8386 (Orig. 05/2012; Rev. 06/2015)

SUBMITTING APPLICANT AGENCY INFORMATION TO BE CHANGED:

- Agency Name
- Agency Address
- Contact Person/Phone Number

Old Information	Revised Information
Agency Name: _____	Agency Name: _____
Agency Address: _____ _____	Agency Address: _____ _____
Contact Person: _____	Contact Person: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
E-mail: _____	E-mail: _____

Requestor Information

Authorized Requestor's Name: _____

COR: Yes No

If no, provide requesting authority: _____

Title: _____	ORI: _____
Signature: _____ (required)	Mail Code: _____
Date: _____	Billing Number: _____
Phone Number: _____	E-mail: _____
	Fax Number: _____

Mail or fax form to:

Department of Justice
Applicant Processing Program
P.O. Box 903417
Sacramento, CA 94203-4170

Fax number: (916) 227-4815

FOR DOJ USE ONLY

- ___ Update Authorized Agency List
- ___ Update ORI Tables
- ___ Update RDU Mailing Labels
- ___ Notify Accounting