

## NOTICE OF CHANGE TO TRAINING PROVIDER NAME AND/OR OWNERSHIP

To apply, completely fill out all the requested information and sign this form below. You may email this application to [stcnewprovider@bscc.ca.gov](mailto:stcnewprovider@bscc.ca.gov) 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. TELEPHONE NUMBER ( ) EXT.	
3. OWNER NAME (Last, First, Middle)		4. E-MAIL ADDRESS	
5. COMPANY STREET ADDRESS			
6. CITY	7. STATE	8. ZIP CODE	

### SECTION 2: NAME CHANGE INFORMATION

9. NEW COMPANY NAME		10. TELEPHONE NUMBER ( ) EXT.	
11. COMPANY STREET ADDRESS			
12. CITY	13. STATE	14. ZIP CODE	
15. E-MAIL ADDRESS		16. REASON FOR NAME CHANGE AND/OR OWNERSHIP:	

### SECTION 3: NEW OWNER INFORMATION

17. OWNER NAME (Last, First, Middle)		18. TELEPHONE NUMBER ( ) EXT.	
20. E-MAIL ADDRESS		21. BUSINESS LICENSE (if yes, provide number) NO <input type="checkbox"/> YES <input type="checkbox"/> Number: _____	
22. NUMBER OF YEARS PROVIDING TRAINING (for public and/or private entities)		23. BONDED (if yes, state bonding county) NO <input type="checkbox"/> YES <input type="checkbox"/> County: _____	
24. BUSINESS INFORMATION <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> LLC DESIGNATION <input type="checkbox"/> INCORPORATION <input type="checkbox"/> OTHER (describe) _____		25. PENDING OR PAST LITIGATION CONCERNING YOUR BUSINESS (if yes, please elaborate) NO <input type="checkbox"/> YES <input type="checkbox"/> Details: _____	
26. COMPLETION OF AN INSTRUCTOR DEVELOPMENT COURSE (if yes, please describe and include dates)  NO <input type="checkbox"/> YES <input type="checkbox"/> Course: _____ Dates Attended: _____		27. REVIEWED THE POLICY AND PROCEDURE MANUAL FOR TRAINING PROVIDERS  NO <input type="checkbox"/> YES <input type="checkbox"/>	
28. TRAINING EXPERIENCE (e.g., clients served with dates and contact information)			
Dates:	Client Name:	Title:	Phone:( ) Email:
Dates:	Client Name:	Title:	Phone:( ) Email:
Dates:	Client Name:	Title:	Phone:( ) Email:
29. REFERENCES (last two years)			
Name:	Title:	Phone:( )	Email:
Name:	Title:	Phone:( )	Email:
Name:	Title:	Phone:( )	Email:

**NOTICE OF CHANGE TO TRAINING PROVIDER  
NAME AND/OR OWNERSHIP**

<b>SECTION 4: TRAINING INFORMATION</b>	
30. AGENCY(S) YOU INTEND TO PROVIDE TRAINING TO	31. TYPE OF TRAINING TO BE PROVIDED CORE <input type="checkbox"/> ANNUAL <input type="checkbox"/>
32. PROVIDE A BRIEF DESCRIPTION OF THE TRAINING TO BE PRESENTED TO STC AGENCIES	
33. PROVIDE A BRIEF NARRATIVE ON WHY YOU WOULD LIKE TO CONTINUE AS AN STC PROVIDER	

<b>SECTION 5: APPLICANT COMMITMENT</b>	
I certify that I have sole legal authority to change the business name. I will adhere to the STC Program regulations and the <i>STC Policy and Procedure Manual for Training Providers</i> 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

<b>SECTION 6: CHANGE OF OWNERSHIP COMMITMENT</b>	
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 <i>STC Policy and Procedure Manual for Training Providers</i> 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