



CITY OF SANTA BARBARA

PRIVATE PATROL OPERATORS REGISTRATION FORM

Finance File # _____

Police File # _____

Please print information below, provide requested pictures, and attach a copy of your current Private Patrol Operator's License.

Business Name of Registrant: _____

Business Address of Registrant: _____
(include street, city, and zip code)

Owner Name or Contact Person: _____ Phone: _____

Description of the type of private patrol operation which registrant plans to conduct: _____

Number of uniformed employees registrant plans on working within the City of Santa Barbara: _____

Description of employee uniforms, including but not limited to the following information:

- Color of uniform _____
- Color and design of badge _____
- Color, design, and location on the uniform of any distinctive insignia _____
- **Attach photograph of employee uniforms**

Description of all distinctively marked patrol vehicles to be used in the City of Santa Barbara, including but not limited to the following:

- Color of vehicle _____
- Description and location on vehicle of any distinctive insignia _____
- Description and location on vehicle of any emergency lights _____
- **Attach photograph of patrol vehicle, showing any insignia and/or emergency lights**

Number of distinctively marked patrol vehicles to be used by applicant in the City of Santa Barbara: _____

Signature of Registrant

Date

POLICE DEPARTMENT USE ONLY

Signature of Police Department staff

Date