

STATE OF CALIFORNIA – DEPARTMENT OF BUSINESS OVERSIGHT  
**EMERGENCY CONTACT PERSON INFORMATION**  
 DBO – 550 (Rev. 8-13)



This form is for Department of Business Oversight’s licensees and reporting institutions to provide information about their designated emergency contact person:

Mr. Y		
Ms. Y		
Mrs. Y		
Name (first, middle last)	Title	Institution Name
Address	City, State/Prov.,	Country, Zip or postal code
E-mail address	Telephone number	Cellular phone number
Fax number		

If the person listed above is replacing a prior emergency contact person, please list the prior contact’s data here:

Name (first, middle last)	Title