

CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS

Firearm Ownership Report California Penal Code section 28000

A processing fee of \$19.00 must accompany this application.

(Instructions on page 2)

Last Name:			First Name:			Middle Name:			
Alias Last Name (if any):			Alias First Name:			Alias Middle Name:			
Residence Street Address:			City:			State:	Zip Code:		
Mailing Address (if different):						State:	Zip Code:		
Date of Birth (mm/dd/yyyy): Place of Birth (state or country):			Sex: Phone No. (include area co			area code)			
U.S. OYes If no, enter Alien Registration No. or I-94 No.: Citizen? ONO				Country of Citizenship:					
(CID), or Military ID (MIL) number in the ID number box to the right. If using military identification you <u>must</u> send a			Number:		(HS	Handgun Safety Certificate (HSC) or Firearm Safety Certificate (FSC) No.:			
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t additional firearm(s	s) copy and a	attach a	additional appli	catio	ns)				
Category: (selec	Category: (select from list on page 2)			Serial Number:					
if n	egistration No. or I-94	Alias First Na C Alias First Na C C ace of Birth (state or country): Egistration No. or I-94 No.: Tornia ID Type (check one): D Type (check one): CDL CID MIL C additional firearm(s) copy and a	Alias First Name: City: City: City: City: cornia ID ID Type (check one): ID Type (check one): ID Type (check one): ID CID MIL additional firearm(s) copy and attach	Alias First Name: City: City: City: City: ce of Birth (state or country): egistration No. or I-94 No.: formia ID ID Type (check one): ID Type (check one): CDL CID MIL	Alias First Name: Alia City: City: City: City: Alias First Name: City: City: City: Alias First Name: City: City: City: Alias First Name: City: City: City: Sex: Country of Citizenship: Cornia ID ID Type (check one): ID Number: St send a ting you CDL CID MIL ID Number: additional firearm(s) copy and attach additional application Country of Citizenship:	Alias First Name: Alias Middle City: City: Ice of Birth (state or country): Sex: Phone N egistration No. or I-94 No.: Country of Citizenship: formia ID ID Type (check one): hber box to CDL CID MIL additional firearm(s) copy and attach additional applications)	Alias First Name: Alias Middle Name: City: State: City: State: City: State: City: State: ce of Birth (state or country): Sex: Phone No. (include egistration No. or I-94 No.: Country of Citizenship: Handgun Safe ornia ID ber box to st send a ting you ID Type (check one): ID Number: Handgun Safe Alias Middle Name: Country of Citizenship: Handgun Safe Alias Middle Name: Country of Citizenship: Country of Firea CDL CID MIL MIL Handgun Safe Additional firearm(s) copy and attach additional applications) Handgun Safe Certificate (FS		

Handgun (() Rifle	Shotgun									
Make:		Model:		Caliber:	Firearm Origin:		Barrel Length:	OIN.			
								⊖cm.			
Color:	Date Acquired (n	nm/dd/yyyy):	y): Acquired From: C Firearms Dealer C Family M			er (Specify Relationship):					
			Private Party Gun Show Other:								
Firearm Type:			Category: (select from list on page 2)			Serial Number:					
C Handgun	C Rifle	Shotgun									
Make:		Model:		Caliber:	Firearm Origin:		Barrel Length:	OIN.			
								⊂CM.			
Color:	Date Acquired (n	nm/dd/yyyy):	Acquired From: C Firearms Dealer C Family Member (Specify Relationship):								
		Private Party O Gun Show O Other:									
Firearm Type:			Category: (select from list on page 2)			Serial Number:					
C Handgun	◯ Rifle ◯	Shotgun									
Make:		Model:		Caliber:	Firearm Origin:		Barrel Length:	OIN.			
								⊖cm.			
Color:	Date Acquired (n	nm/dd/yyyy):	Acquired From: O Firearms Dealer O Family Member (Specify Relationship):								
			Private Party Gun Show Other:								

C. Declaration

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I expressly authorize the Department of Justice to perform firearms eligibility checks of all relevant state and federal databases, including the Federal Bureau of Investigation's National Instant Criminal Background Check System. I also understand that if I currently possess or own firearms and the results of this check reveal that I am ineligible either to lawfully possess or purchase firearms, I must relinquish any and all firearms in my possession.





CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Firearm Ownership Report



Firearm Ownership Report Submission Requirements

Pursuant to Penal Code section 28230, subdivision (a)(3), you must submit this application along with a \$19.00 processing fee (check or money order made payable to the Department of Justice) to:

Department of Justice Bureau of Firearms - FOR P.O. Box 820200 Sacramento, CA 94203-0200

Please note, incomplete applications or applications submitted without the proper fees will be returned without processing. If reporting more than three firearms, attach additional copies of this form as needed. A firearms eligibility check will be conducted to determine whether you are lawfully eligible to possess firearms. Once approved, you will receive a confirmation notice of your Firearms Ownership Report.

This form may not be used to report ownership of assault weapons defined in Penal Code sections 30510 through 30530. It is the responsibility of the applicant to determine if the firearm being reported is an assault weapon. A list of assault weapons is available on the Bureau of Firearms website at www.oag.ca.gov/firearms.

Part A. Owner Information

Enter the information as requested. Only one applicant per form. If you are using a military number for identification, you must submit a copy of your permanent duty station orders indicating you are stationed in California.

Part B. Firearm Information

For each firearm, you must provide the identification information requested. Please refer to your firearm owner's manual, the firearms manufacturer's website, or the examples below to assist you in providing the required information:

- Firearm Type: Handgun, Rifle, or Shotgun
- Category: Bolt Action, Lever Action, Pump Action, Revolver, Semi-Automatic, or Single Shot
- Serial Number Usually located on the frame of a handgun, or the receiver of a long gun. May be all numeric or a combination of alpha and numeric characters. (e.g., 98765, US54321G)
- Make The manufacturer of the firearm. (e.g., Remington, Winchester, Glock, Smith & Wesson)
- Model The model name of the firearm. (e.g., 870 Express, Model 70, 17C, 29-10)
- Caliber The caliber of the firearm. (e.g., 12 gauge, .308 Winchester, 9 mm, .44 Magnum)
- Firearm Origin The country of origin of the firearm. (e.g., United States, Russia, China, Italy)
- Barrel Length Enter the barrel length as stated either in your owner's manual, manufacturer's website, or measure the barrel length by closing the action of the firearm and inserting a wooden dowel down the barrel until it stops. Mark the dowel with a pen at the muzzle. Remove the dowel and measure the distance between the inserted end of the dowel and the pen mark.

Part C. Declaration

You must sign and date the declaration on this application.



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Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The Bureau of Firearms in the Department of Justice collects the information requested on this form as authorized by Penal Code section 28000. The Bureau of Firearms uses this information to determine and establish firearm ownership.

Providing Personal Information. All the personal information requested in the form must be provided.

Access to Your Information. You may review the records maintained by the Bureau of Firearms in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to determine and establish firearm ownership, we may need to share the information you give us with any peace officer or other person designated by the Attorney General upon request.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law;
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the Department of Justice, Bureau of Firearms - FOR, P.O. Box 820200, Sacramento, CA 94203-0200.