REPEAL

CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
Dangerous Weapons License/Permit(s) Application

LICENSE/PERMIT(S) DESIRED:

- ☐ Assault Weapon/.50 BMG Rifle Permit: (Pen. Code, §§ 31000, 31005)
- ☐ Short-Barreled Shotgun/Rifle Permit: (Pen. Code, §§ 33300, 33305)
- ☐ Destructive Device Permit: (Pen. Code, §§ 18900, 18905)
- ☐ Machinegun Permit: (Pen. Code, §§ 32650, 32655)
- ☐ Machinegun License: (Pen. Code, §§ 32700 - 32715)

APPLICANT INFORMATION:

Last Name | First Name | Middle Name | Date of Birth | Driver License Number

United States Citizen: ☐ YES ☐ NO **IF NO** Country of Citizenship | Alien Registration or I-94 Number

Social Security Number | Hair Color | Eye Color | Height | Weight | M/F

Physical Address | City | State | Zip Code | Telephone Number (Day)

Mailing Address (if different) | City | State | Zip Code | Telephone Number (Evening)

APPLICANT EMPLOYMENT HISTORY (Last 5 years only. Use additional sheets if necessary.):

Current Employer Business Name | Current Supervisor's Name | Dates of Employment

Current Employer Business Address | City | State | Zip Code | Telephone Number

Past Employer Business Name | Past Supervisor's Name | Dates of Employment

Past Employer Business Address | City | State | Zip Code | Telephone Number

PERSONAL INFORMATION:

Spouse/Domestic Partner Last Name | First Name | Middle Name | M/F | Date of Birth | Driver License Number

Physical Address *(if different than applicant)* | City | State | Zip Code | Telephone Number

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Applicant:

PERSONAL INFORMATION Continued:

Please answer the following questions. If you answer "Yes" to any of the following questions, please provide a full explanation on a separate sheet. Include dates, places, agencies, dispositions, etc.

1. Have you ever been arrested, cited, or charged with an offense, including traffic violations and juvenile arrests? ☐ YES ☐ NO
2. Are you now a party in any lawsuit or legal action? ☐ YES ☐ NO
3. Do you have/had any physical or mental disabilities that would affect the safe handling of dangerous weapons? ☐ YES ☐ NO
4. Have you ever been adjudicated by a court as being a danger to others or been committed to any mental institution? ☐ YES ☐ NO
5. Have you ever abused drugs or alcohol? ☐ YES ☐ NO
6. Have you ever been discharged from the armed forces under conditions other than honorable? ☐ YES ☐ NO
7. Have you ever had a business or firearms license revoked, suspended, or denied? ☐ YES ☐ NO
8. Have you ever been associated with a person or business having a firearms license? ☐ YES ☐ NO

BUSINESS INFORMATION:

Business Name _____ Telephone Number _____ Years at this Location _____

Physical Address _____ City _____ County _____ State _____ Zip Code _____

Mailing Address *(if different)* _____ City _____ County _____ State _____ Zip Code _____

Previous Physical Address _____ City _____ County _____ State _____ Zip Code _____
(if at current location less than three years)

This business is: ☐ Individually Owned ☐ Partnership ☐ Corporation ☐ Joint Venture
☐ Other, specify _____

This applicant is: ☐ Owner ☐ Partner ☐ Stockholder ☐ Employee/Agent
☐ Consultant/Contractor ☐ Other, specify _____

REFERENCES:

1st Reference Name _____ Telephone Number (Day) _____ Telephone Number (Evening) _____

1st Reference Address _____ City _____ County _____ State _____ Zip Code _____

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Dangerous Weapons License/Permit(s) Application

Applicant:

REFERENCES continued:

2nd Reference Name | Telephone Number (Day) | Telephone Number (Evening)

2nd Reference Address | City | County | State | Zip Code

3rd Reference Name | Telephone Number (Day) | Telephone Number (Evening)

3rd Reference Address | City | County | State | Zip Code

GOOD CAUSE FOR ISSUANCE OF LICENSE/PERMIT(S):

No dangerous weapons license or permit shall be issued to any applicant who fails to establish good cause for such license or permit or if issuance of the license or permit would endanger the public safety. (Cal. Code Regs., tit.11, § 4128, subd. (b).) Applicants are required to provide clear and convincing evidence that there is a bona fide market or public necessity for the issuance of a dangerous weapons license or permit and that the applicants can satisfy that need without endangering public safety. (Cal. Code Regs., tit.11, § 4128, subd. (c).) Examples of good cause recognized by the California Department of Justice (DOJ) to establish the bona fide necessity of the issuance of a dangerous weapons license or permit are listed in DOJ's regulations. (Cal. Code Regs., tit.11, § 4128, subd. (c).) Below, please describe the clear and convincing evidence of the necessity for the issuance of a dangerous weapons license or permit to you and your ability to satisfy that necessity without endangering the public safety (use additional sheet(s) as necessary):

CERTIFICATION:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I expressly authorize DOJ to perform firearms eligibility checks of all relevant state and federal databases including the Federal Bureau of Investigation's (FBI) National Instant Criminal Background Check Systems (NICS). I also expressly authorize DOJ to perform a background investigation into my suitability as a dangerous weapons license/permit holder. I understand that if I furnish any incorrect information or omit any information required on this application or required by the DOJ investigator, I can be denied the license/permit(s) I seek. I have read and I understand the applicable statutes and regulations pertaining to dangerous weapons license and permits and I agree to abide by them.

Signature | *Date*

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Dangerous Weapons License/Permit(s) Application

Applicant:

FINGERPRINT REQUIREMENTS:

You must submit your electronic fingerprints before submitting this application to the DOJ, Bureau of Firearms (BOF). You must take a completed Request for Live Scan Service form BCII 8016 to a Live Scan station. Please refer to *www.ag.ca.gov/fingerprints* for Live Scan station location information. Have the Live Scan station submit your electronic fingerprints to both the DOJ and FBI. You must pay the Live Scan operator a **$32** DOJ fingerprint processing fee, a **$19** FBI fingerprint processing fee, as well as the Live Scan operator's fee (Note: the Live Scan operator fee varies by Live Scan site, and the Bureau of Firearms does not regulate or set this price).

The Live Scan operator will provide an Applicant Tracking Identifier (ATI) number on your copy of the Request for Live Scan Service form BCII 8016. The ATI number documents your fingerprint submissions. You must enter your ATI number on the space below. Failure to do so will result in your application being returned to you unprocessed.

Applicant Tracking Identifier (ATI) number: _____

FEES:

The BOF's initial dangerous weapons license/permit fee (minus the $32 state and $19 federal fingerprint fees already paid to obtain electronic fingerprints at an approved Live Scan station), is $321 for the first license or permit, plus $22 for each additional license or permit.

While dangerous license permit inspection fees pursuant to Penal Code sections 18910, 31110, 32670, and 33320 do not apply to the initial application, please remain mindful inspection fees are charged with each renewal application at the following rates: 0 to 4 inventory, $165; 5 to 25 inventory, $750; 26 or more inventory, $1500; out-of-state permit holders with no California based location, $100.

APPLICATION SUBMISSION:

A completed dangerous weapons application package consists of this completed form, including your ATI number obtained from the Live Scan operator upon your submission of your fingerprint impressions; all applicable documentation of necessity as required by California Code of Regulations, title 11, section 4132 (all federal, state, and local licenses as required, as well as all relevant reference letters and other forms of documentation of necessity as applicable), and a check or money order remittance in the proper amount, payable to the Department of Justice.

Submit your completed application package to:

CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS - DW
P.O. Box 160367
Sacramento, CA 95816-0367

PRIVACY NOTICE

The information requested on this form is being requested by the State of California, Department of Justice (DOJ), Bureau of Firearms, to establish grounds for the issuance of the license or permit indicated on this application. The maintenance of the information collected on this form is authorized by California Code of Regulations, title 11, section 4142. All information requested on this form is mandatory. Failure to provide the requested information will result in the denial of this application. Information provided on this form may be disclosed to any peace officer or other person designated by the Attorney General upon request.

Pursuant to Civil Code section 1798.30 et seq., individuals have the right [with some exceptions] to access records containing the personal information about themselves that are maintained by the agency. The Bureau of Firearms is the agency officially responsible for the system of records that maintains the information provided on this form. For more information regarding the location of your records and the categories of any persons who use the information in those records, you may contact the Department of Justice, Bureau of Firearms at the above listed address.

REPEAL

REQUEST FOR LIVE SCAN SERVICE

Print Form Reset Form

Applicant Submission

CA0349400
ORI (Code assigned by DOJ)

Dangerous Weapons License/Permit(s)
Authorized Applicant Type

Dangerous Weapons
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Department of Justice / Bureau of Firearms
Agency Authorized to Receive Criminal Record Information

02878
Mail Code (five-digit code assigned by DOJ)

P.O. Box 160367
Street Address or P.O. Box

Firearms Licensing and Permits Section
Contact Name (mandatory for all school submissions)

Sacramento — City
CA — State
95816-0367 — ZIP Code

(916) 227-2153
Contact Telephone Number

Applicant Information:

Last Name

First Name — Middle Initial — Suffix

Other Name (AKA or Alias) Last

First — Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height — Weight — Eye Color — Hair Color

Billing Number N/A
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City — State — ZIP Code

Your Number: N/A
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

N/A
Employer Name

N/A
Mail Code (five digit code assigned by DOJ

N/A
Street Address or P.O. Box

N/A — City
State
ZIP Code

N/A
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed