CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
Application for Tear Gas Dealers Permit and/or Protective Tear Gas System Permit
Penal Code sections 23000, 23010 & 23015

PERMIT DESIRED:

☐ NEW Tear Gas Dealers Permit

☐ RENEWAL Tear Gas Dealers Permit

☐ NEW Protective Tear Gas System Permit
- ☐ Financial Institution
- ☐ Other Business

☐ RENEWAL Protective Tear Gas System Permit
- ☐ Financial Institution
- ☐ Other Business

APPLICANT INFORMATION:

Last Name | First Name | Middle Name | Date of Birth | State of Birth

CA Driver License Number | Hair Color | Eye Color | Height | Weight | M/F

Address | City | State | Zip Code | Telephone Number

BUSINESS INFORMATION:

Business Name

Address | City | State | Zip Code | Telephone Number

***For Protective Tear Gas Systems only*. Protective Tear Gas System will be installed by:**

Business Name | Tear Gas License Number | Address, City, State & Zip Code

NEW APPLICATION REQUIREMENTS:

A copy of the LiveScan application submission (BCII 8016) or two completed fingerprint cards (BID-7), along with a fee of $173.00 must accompany this application. If the applicant is concurrently applying for additional Dangerous Weapons permits the fee for this application is reduced to $22.00.

RENEWAL APPLICATION REQUIREMENTS:

Tear Gas Permit number to be renewed: _____ **Expiration Date:** _____

A $61.00 renewal fee must accompany this application to renew the existing Tear Gas Permit. If the permit is holder is concurrently renewing additional Dangerous Weapons permits, the renewal fee for this application is reduced to $22.00

Protective Tear Gas System Permit number to be renewed: _____ **Expiration Date:** _____

A $61.00 renewal fee must accompany this application to renew the existing Protective Tear Gas System Permit. If the permit is holder is renewing additional Dangerous Weapons permits, the renewal fee is reduced to $22.00.

Please Note: If a change of Security Officer occurs, an initial Application for Protective Tear Gas System Permit must be submitted, along with a copy of the LiveScan applicant submission (BCII 8016) or two completed fingerprint cards (BID-7), and a fee of $173.00. If the applicant is concurrently applying for additional Dangerous Weapons permits, the fee for this application is reduced to $22.00

I declare under penalty of perjury under the the laws of the State of California that the foregoing in true and correct.

Signature | *Date*

Mail this application and appropriate fees to:
Department of Justice, Bureau of Firearms
P.O. Box 160367
Sacramento, CA 95816-0367
Telephone: (916) 227-2153

For DOJ Use Only
Transaction: Delete(1) Change(2) Change(3)

Permit No. _____

PRIVACY NOTICE

The information requested on this form is being requested by the State of California, Department of Justice (DOJ), Bureau of Firearms (BOF), 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 Penal Code Section 23005. 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 or telephone number.