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, Firearms Licensing and Permit Unit
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. _____

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Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information: The Division of Law Enforcement, Bureau of Firearms in the Department of Justice collects the information on this application pursuant to Penal Code sections 23000, 23010, and 23015. The Bureau of Firearms uses this information to establish grounds for the issuance of the permit indicated on this application. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at http://oag.ca.gov/privacy-policy.

Providing Personal Information: All personal information on this application is mandatory. Failure to provide the mandatory personal information requested will result in your application not being processed.

Access to Your Information: You may review the records maintained by the Division of Law Enforcement, 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 establish grounds for the issuance of a permit indicated on this application, we may need to share the information you provide us with any Bureau of Firearms representative or any other person designated by the Attorney General upon request. The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies when necessary to perform their legal duties, and their use of information is compatible and complies with state law, such as for investigations, licensing, certification, or regulatory purposes;

- To another government agency as required by state or federal law.

Contact Information: For questions about this notice or access to your records, you may contact the Staff Services Analyst in the Customer Support Center at (916) 227-7527, via email at firearms.bureau@doj.ca.gov, or by mail at P.O. Box 160367, Sacramento, CA 95816-0367.