CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
CERTIFICATE OF ELIGIBILITY APPLICATION

Please complete this application by typing or printing in black ink.
See reverse for instructions and fees.

Application Type (check appropriate box)

☐ **New Permit** Provide Applicant Tracking Identifier (ATI) Number: _____

☐ **Annual Renewal** Provide Certificate of Eligibility Number and Expiration Date: _____

NOTE: One application for per person. *COE #* *Expiration Date*

Applicant Information

Name: _____
Last *Suffix (e.g., Jr., Sr.)* *First* *Middle*

Alias/Maiden Name: _____ California DL or ID #: _____

Male: ☐ Female: ☐ Date of Birth: _____ Social Security Number: _____

United States Citizen: Yes ☐ No ☐ IF NO: _____ _____
Country of Citizenship *Alien Registration # or I-94#*

_____ ( )
Physical Residential Address City County State Zip Home Telephone #

_____ ( )
Mailing Address, if different City County State Zip Daytime Telephone #

☐ Check if new mailing address

Business Type (check appropriate box(es))

☐ Importer (I)	☐ Wholesaler / Distributor (W)	☐ Store Manager (B)
☐ Collector (C)	☐ Pawnbroker (N)	☐ Gunsmith (G)
☐ Firearms Dealer (D)	☐ Manufacturer (M)	☐ Explosive Permit (X)
☐ Gun Show Promoter (P)	☐ Shooting Range (S)	☐ Other (O)
☐ Employee (E)* Record dealership information below	☐ Prop Master (T)	_____ *(Indicate type)*

*Name of Dealership: _____ *Dealer CFD Number: _____

Certification

I certify 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. I further understand that if I knowingly furnish a fictitious name or address or knowingly furnish any incorrect information or omit any information required to be provided on this application, I am guilty of a misdemeanor.

_____ _____
Signature *Date*

FOR DOJ USE ONLY

Date Received: _____ COE #: _____ Initials: _____

Issue/Denial Date: _____ NTN #:: _____

Certificate of Eligibility Application Instructions

(California Penal Code Section 12071)

New Applicants

Fingerprint Submission Requirements:

You must submit your fingerprint impressions before submitting this application form to the Department of Justice (DOJ). To submit fingerprint impressions, 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*** *f*or Live Scan station location information. There, you need to have your fingerprint impressions submitted to DOJ and FBI. You must pay the Live Scan operator a $54 DOJ fingerprint processing and BOF eligibility 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 Division of Law Enforcement, 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 designated space of your Certificate of Eligibility (COE) Application form.

New Application Form Submission Requirements:

Complete the COE Application form. Be sure to include your Live Scan ATI number. Only one application per form. For more than one application per firearms dealership, each individual must complete a separate application form and submit fingerprint impresssions via Live Scan to DOJ and FBI. Check the appropriate business type box(es). If your business type is not listed, check the 'Other' box and indicate the type of business on the line below. If you are applying for a COE as an employee of a California Firearms Dealer, you must provide the name of the dealership and the dealership's California Firearms Dealer (CFD) number. You must date and sign the certification.

Mail your completed COE Application to:

DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
FIREARMS LICENSE AND PERMITS SECTION-EFP
P.O. BOX 160367
SACRAMENTO, CA 95816-0367

It is recommended that you retain a copy of your completed COE Application form and your Request for Live Scan Service form for your records.

Renewal Applicants

Fingerprint submissions are not required for annual renewal applications. Complete the COE application, being sure to include your COE number and expiration date. check the appropriate business type box(es). If your business type is not listed, check the 'Other' box and indicate the type of business on the line below. If you are applying for a COE as an employee of a California Firearms Dealer, you must provide the name of the dealership and the dealership's California Firearms Dealer (CFD) number. You must date and sign the certification.

Mail your completed COE Application along with the $22.00 COE Annual Renewal Fee to the address listed below.

DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
FIREARMS LICENSE AND PERMITS SECTION-EFP
P.O. BOX 160367
SACRAMENTO, CA 95816-0367

It is recommended that you retain a copy of your completed COE Application form for your records.

If you have any questions, please contact the Firearms License and Permits Section at 916-263-8100.

STATE OF CALIFORNIA
BCII 8016
(orig. 4/01; rev. 6/09)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Print Form | Reset Form

Applicant Submission

CA0349400
ORI (Code assigned by DOJ)

FIREARMS ELIGIBILITY CERT
Authorized Applicant Type

Certificate of Eligibility
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

02879
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) 263-8100
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
(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

ORIGINAL - Live Scan Operator | SECOND COPY - Applicant | THIRD COPY (if needed) - Requesting Agency