



**CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
ENTERTAINMENT FIREARMS PERMIT 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 Entertainment Firearms
Permit # and Expiration Date: _____

EFP #

Expiration Date

Applicant Information

Name:

Last

Suffix (e.g., Jr., Sr.)

First

Middle

Alias/Maiden Name: _____

Social Security Number: _____

Male: ☐

Female: ☐

Date of Birth: _____

Place of Birth: _____

United State Citizen: Yes ☐

No ☐

IF NO: _____

Country of Citizenship

Alien Registration # or I-94#

California DL or ID #: _____

Telephone #: () _____

Physical Residential Address:

Street Address

City

State

Zip

Mailing Address (if different):

Street Address

City

State

Zip

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: _____

EFP #: _____

Initials: _____

Issue/Denial Date: _____

NTN #: _____

Entertainment Firearms Permit Instructions

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 for 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 \$80 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 Entertainment Firearms Permit application form.

Application Form Submission Requirements:

Complete the Entertainment Firearms Permit (EFP) Application form. Be sure to include your Live Scan ATI number. Mail your completed EFP 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 EFP Application form and your Request for Live Scan Service form for your records.

Renewal Applicants

Fingerprint submissions are not required for annual renewal applications. Mail your completed EFP Application, along with the \$29.00 EFP 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 EFP Application form and your Request for Live Scan Service form for your records.

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



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0349400

ORI (Code assigned by DOJ)

Entertainment Firearms Permit

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

P.O. Box 160367

Street Address or P.O. Box

Sacramento

City

CA

State

95816-0367

ZIP Code

ENTERTAINMENT FIREARMS 12081 PC

Authorized Applicant Type

01123

Mail Code (five-digit code assigned by DOJ)

Firearms Licensing and Permits Section

Contact Name (mandatory for all school submissions)

(916) 263-8100

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex

☐

Male

☐

Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing
Number

(Agency Billing Number)

Misc.
Number

(Other Identification Number)

City

State

ZIP Code

N/A

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

Street Address or P.O. Box

N/A

City

State

ZIP Code

N/A

Mail Code (five digit code assigned by DOJ)

N/A

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed