



**CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
Biennial Firearms Permit Qualification Application**

DCA USE ONLY	DOJ USE ONLY
Date: _____	CII Number: _____
Staff: _____	

Please print clearly or type to ensure all responses are legible.

FAILURE TO PROVIDE COMPLETE INFORMATION WILL RESULT IN A REJECTION OF APPLICATION

Firearms Permit Type:	Firearms Permit Number:	Expiration Date:
Private Investigator with Firearm	_____	_____
Private Patrol Officer with Firearm	_____	_____
Security Guard with Firearm	_____	_____
Other: _____	_____	_____

APPLICANT INFORMATION:

Last Name:	First Name:	Middle Name:	Other Name(s) Used:	Sex:
Hair: <input type="radio"/> Black <input type="radio"/> Blonde <input type="radio"/> Brown <input type="radio"/> Grey <input type="radio"/> Bald <input type="radio"/> Other		Eyes: <input type="radio"/> Black <input type="radio"/> Hazel <input type="radio"/> Brown <input type="radio"/> Grey <input type="radio"/> Green <input type="radio"/> Blue <input type="radio"/> Other		Weight: _____
Address:		City:	State:	Zip Code: _____
Date of Birth:		Place of Birth (Country):	Telephone No.: _____	
Date of Birth:		Place of Birth (Country):	Driver License No./Military ID:	
United States Citizen: YES NO		Country of Citizenship: _____	Alien Registration or I-94 No.: _____	

CERTIFICATION:

I declare under penalty of perjury under the laws of the State of California that I completed this form and all statements made by me are true and complete.

Signature of Applicant _____	Date _____
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DOJ USE ONLY

<input type="checkbox"/> Application Rejected. Reason: _____	
ATI Number: _____	
<input type="checkbox"/> Not prohibited	
<input type="checkbox"/> Prohibited	<input type="checkbox"/> Lifetime OR <input type="checkbox"/> Limited - Expiration Date: _____
<input type="checkbox"/> Other: _____	
Analyst: _____	Date: _____

PLEASE SUBMIT TWO COPIES OF THIS COMPLETED FORM