

STATE OF CALIFORNIA  
DEPARTMENT OF JUSTICE  
**FIREARMS QUALIFICATION APPLICANT**

**DCA USE ONLY**

Agency File Number(s) \_\_\_\_\_

New Applicant File Number \_\_\_\_\_

CII Number \_\_\_\_\_

**DOJ USE ONLY**

CII Number \_\_\_\_\_

\_\_\_\_\_

Agency File Number(s) \_\_\_\_\_

Please print clearly. Use ball point pen. Be sure all copies are legible.

**FAILURE TO PROVIDE COMPLETE INFORMATION WILL RESULT IN REJECTION OF APPLICATION.**

<p><b>APPLICATION FOR</b> (Check appropriate block)</p> <p><input type="checkbox"/> New Application - FQC</p> <p><input type="checkbox"/> Annual Renewal</p> <hr/> <p style="text-align: center;">Firearms Qualification Number</p> <hr/> <p style="text-align: center;">Expiration Date</p>	<p>Currently/Previously Licensed as:</p> <p><input type="checkbox"/> Private Investigator _____</p> <p><input type="checkbox"/> Private Patrol Operator _____</p> <p><input type="checkbox"/> Alarm Company Operator _____</p> <p><input type="checkbox"/> Security Guard _____</p> <p><input type="checkbox"/> Alarm Agent _____</p>	<p>Current/Previous License Number(s)</p> <p>_____</p>	<p>Exp. Date</p> <p>_____</p>
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**APPLICANT INFORMATION**

\_\_\_\_\_

Name (last, first, middle) \_\_\_\_\_ Other names used \_\_\_\_\_

\_\_\_\_\_

Address (number, street, city, state, zip code)

Date of Birth	Place of Birth	Sex	Hair	Eyes	Weight	Height
/ /						

\_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

**CERTIFICATION**

*"I declare under penalty of perjury (Sections 126 and 672 PC) that all statements made by me on this application are true and complete."*

\_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**DOJ Use Only**  
**FIREARM STATUS**

Application rejected – reason: \_\_\_\_\_

Not prohibited

Prohibited:       Lifetime       Limited – expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

Analyst \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_