

STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
DIVISION OF LAW ENFORCEMENT
P.O. Box 981118, West Sacramento, CA 95798-1118



DANGEROUS WEAPONS LICENSE/PERMIT(S) APPLICATION

LICENSE/PERMIT(S) DESIRED:

- | | |
|--|--|
| <input type="checkbox"/> Assault Weapon/.50 BMG Rifle Permit (Penal Code sections 12286 & 12287)

<input type="checkbox"/> Destructive Device Permit (Penal Code section 12305)

<input type="checkbox"/> Machine Gun License (Penal Code section 12250) | <input type="checkbox"/> Machine Gun Permit (Penal Code sections 12230 & 12231)

<input type="checkbox"/> Short-Barreled Shotgun/Short-Barreled Rifle Permit (Penal Code sections 12095 & 12096) |
|--|--|

FINGERPRINT 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. Have the Live Scan station submit your fingerprint impressions to both DOJ and FBI. You must pay the Live Scan operator a \$32 DOJ fingerprint 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 space below. Failure to do so will result in your application being returned to you unprocessed.

Applicant Tracking Identifier (ATI) number: _____

APPLICANT INFORMATION:

Name (Last)	(First)	(Middle)	M/F	Date of Birth	Driver License Number
United States Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO					
Country of Citizenship				Alien Registration # or I-94 #	
Social Security Number		Hair Color	Eye Color	Height	Weight
Physical Address					()
City	County	State	Zip Code	Daytime Telephone Number	
Mailing Address (if different)					()
City	County	State	Zip Code	Home Telephone Number	

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PERSONAL INFORMATION:

	<i>Applicant Last Name</i>	<i>First Name</i>
Current Employer Business Name	Current Employer Business Address, City, State and Zip Code	
	()	
Current Supervisor's Name	Current Employer Telephone	
Past Employer Business Name (Past 5 years; if necessary, use additional sheet)	Past Employer Business Address, City, State and Zip Code	
	()	
Past Supervisor's Name	Past Employer Telephone	
Spouse's Name (Last)	(First)	(Middle)
	M/F	
		Spouse's Date of Birth
		Spouse's Driver License Number
		()
Spouse's Residence Address	City	County
	State	Zip Code
		Spouse's Telephone Number

Please answer the following questions. If you answer "Yes" to any of the following questions, please provide a full explanation on a separate sheet. Include dates, places, agencies, dispositions, etc.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you ever been arrested, cited, or charged with an offense, including traffic violations and juvenile arrests? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you now a party in any lawsuit or legal action? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have or have you had any physical or mental disabilities that would affect the safe handling of dangerous weapons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever been adjudicated by a court as being a danger to others or been committed to any mental institution? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever abused drugs or alcohol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever been discharged from the armed forces under conditions other than honorable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever had a business or firearms license revoked, suspended, or denied? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you ever been associated with a person or business having a firearms license? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

REFERENCES:

	()			
1st Reference Name	1st Reference Telephone Number		Telephone Number is (check one):	
			<input type="checkbox"/> Residence	<input type="checkbox"/> Business
1st Reference Address	City	County	State	Zip Code
			Address is (check one):	
			<input type="checkbox"/> Residence	<input type="checkbox"/> Business
2nd Reference Name	()	2nd Reference Telephone Number		Telephone Number is (check one):
			<input type="checkbox"/> Residence	<input type="checkbox"/> Business
2nd Reference Address	City	County	State	Zip Code
			Address is (check one):	
			<input type="checkbox"/> Residence	<input type="checkbox"/> Business
3rd Reference Name	()	3rd Reference Telephone Number		Telephone Number is (check one):
			<input type="checkbox"/> Residence	<input type="checkbox"/> Business
3rd Reference Address	City	County	State	Zip Code
			Address is (check one):	
			<input type="checkbox"/> Residence	<input type="checkbox"/> Business

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BUSINESS INFORMATION:

_____ *Applicant Last Name* _____ *First Name*

Business Name _____

()
_____ Business Telephone Number

Physical Address _____ City _____ County _____ State _____ Zip Code _____

_____ Number of Years This Location

Mailing Address (if different) _____ City _____ County _____ State _____ Zip Code _____

Previous Physical Address _____ City _____ County _____ State _____ Zip Code _____
(if at current location less than 3 years)

This business is:

- Individually Owned
- A Partnership
- A Corporation
- Joint Venture
- Other, Specify: _____

This applicant is:

- Owner
- Partner
- Stockholder
- Employee/Agent
- Consultant/Contractor
- Other, Specify: _____

GOOD CAUSE FOR ISSUANCE OF LICENSE/PERMIT:

11 CCR 4128 (b) states that no dangerous weapons license or permit shall be issued to any applicant who fails to establish good cause for such license or permit and that such license or permit would not endanger the public safety. *11 CCR 4128 (c)* requires applicants to provide clear and convincing evidence that there is a bona fide market or public necessity for the issuance of a dangerous weapons license or permit and that the applicant can satisfy that need without endangering the public safety. *11 CCR 4128 (c)* also enumerates the good causes recognized by DOJ to establish the bona fide necessity of issuance of a dangerous weapons license or permit. Below, please describe the clear and convincing evidence of the necessity for the issuance of a dangerous weapons license or permit to you and your ability to satisfy that necessity without endangering the public safety (use additional sheet(s) as necessary):

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Applicant Last Name

First Name

CERTIFICATION:

I declare under penalty of perjury (Sections 118, et seq., and 672 PC) that all statements made by me on this application are true and complete. I expressly authorize DOJ to perform firearms eligibility checks of all relevant state and federal databases, including the National Instant Criminal Background Check System (NICS). I also expressly authorize DOJ to perform a background investigation into my suitability as a dangerous weapons license/permit holder. I understand that if I furnish any incorrect information or omit any information required on this application or required by the DOJ background investigator, I can be denied the license/permit(s) I seek. I have read and I understand the applicable statutes and regulations pertaining to dangerous weapons license and permits and I agree to abide by them.

Signature

Date

FEES:

The Bureau of Firearms initial dangerous weapons license/permit fee (minus the \$32 state and \$19 federal fingerprint fees already paid to obtain fingerprint impressions at an approved Live Scan Station), is **\$321** for the first license or permit, plus **\$22** for each additional license or permit.

While dangerous license permit inspection fees pursuant to Penal Code sections 12099, 12234, 12289.5, and 12305 (f) and (g) do not apply to the initial application, please remain mindful inspection fees are charged with each renewal application at the following rates: 0 to 4 inventory, \$165; 5 to 25 inventory, \$750; 26 or more inventory, \$1,500; out-of-state permit holders with no California based location, \$100.

APPLICATION SUBMISSION:

A completed dangerous weapons application package consists of: this completed form, including your ATI number obtained from the Live Scan operator upon your submission of your fingerprint impressions; all applicable documentation of necessity as required by Article 3.5 of Chapter 7 of Division 5 of Title 11 of the California Code of Regulations, commencing with *11 CCR 4132* (all federal, state, and local licenses as required, as well as all relevant reference letters and other forms of documentation of necessity as applicable); and a check or money order remittance in the proper amount, payable to Department of Justice.

Submit your completed application package to:

CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS - DW
P.O. BOX 981118
WEST SACRAMENTO, CA 95798-1118

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0349400 Type of Application: Dangerous Weapons Lic/Per
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Dangerous Weapons

Agency Address Set Contributing Agency: Department of Justice, Bureau of Firearms
Agency authorized to receive criminal history information

Street No. Street or P.O. Box: P.O. Box 981118
City: West Sacramento, CA State: CA Zip Code: 95798-1118

Mail Code (five digit code assigned by DOJ): 02878
Contact Name (Mandatory for all school submissions): Firearms License and Permits Unit
Contact Telephone No.: 916-263-8100

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL- N/A
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____ City, State and Zip Code

SOC: _____

Your Number: N/A Level of Service DOJ: FBI:
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)
N/A

N/A

Employer Name

Street No. Street or P.O. Box: N/A Mail Code (five digit code assigned by DOJ): N/A

City State Zip Code: N/A () Agency Telephone No. (optional): N/A

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

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Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Dangerous Weapons

Agency Address Set Contributing Agency: Department of Justice, Bureau of Firearms Mail Code (five digit code assigned by DOJ) 02878
Agency authorized to receive criminal history information

P.O. Box 981118 Firearms License and Permits Unit
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

West Sacramento, CA 95798-1118 916-263-8100
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL- N/A
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: N/A Level of Service DOJ: FBI:
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

N/A

N/A

Employer Name

N/A N/A

Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)

N/A () N/A

City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____