


STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS

APPLICATION FOR CERTIFICATE OF ELIGIBILITY

See reverse side for instructions and fees.

APPLICATION FOR: (check appropriate box)


New Certificate  Applicant Tracking Identifier Number: _____

Annual Renewal  Certificate of Eligibility Number: _____ Expiration Date: _____

NOTE: One application form per person.

A. APPLICANT INFORMATION

Name (Last) (First) (Middle) M / F Date of Birth Driver's License Number

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

Check if new mailing address _____
Social Security Number

Mailing Address City County State Zip Code () Home Telephone Number

Physical Address - if different City County State Zip Code () Daytime Telephone Number

B. BUSINESS TYPE (check appropriate box(es))

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

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

C. 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.

Signature of Applicant

Date

See reverse side for instructions and fees.

STATE OF CALIFORNIA
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INSTRUCTIONS FOR CERTIFICATE OF ELIGIBILITY APPLICATION

(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 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 Firearms Division 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.

NEW APPLICATION FORM SUBMISSION REQUIREMENTS:

Complete the COE application form, being sure to include your Live Scan ATI number. Only one applicant per form. For more than one applicant per firearms dealership, each individual must complete a separate application form and submit fingerprint impressions via Live Scan to DOJ and FBI. Check the appropriate business type box(es). 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. If your business type is not listed, check the 'Other' box and indicate the type of business on the line beneath the box. You must sign and date the certification. It is suggested that you retain a copy of the completed application for your records. The COE application processing fee is **\$22**. Submit your completed COE application with a **\$22** check or money order payable to Department of Justice to:

Department of Justice, Bureau of Firearms - COE, P.O. Box 981118, West Sacramento, CA 95798-1118

RENEWAL APPLICANTS

The COE annual renewal fee is **\$22**. 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 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. If your business type is not listed, check the 'Other' box and indicate the type of business on the line beneath the box. You must sign and date the certification. It is suggested that you retain a copy of the completed application for your records. Submit your completed COE application with a **\$22** check or money order payable to Department of Justice to:

Department of Justice, Bureau of Firearms - COE, P.O. Box 981118, West Sacramento, CA 95798-1118

QUESTIONS:

If you have any questions, please contact the Bureau of Firearms at (916) 263-0295.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0349400 Type of Application: Firearms Eligibility Cert
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Certificate of Eligibility

Agency Address Set Contributing Agency: Department of Justice, Bureau of Firearms 02879
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)
P.O. Box 981118 Firearms Lic. Permits Unit
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)
West Sacramento, California 95798-1118 916-263-0295
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 _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0349400 Type of Application: Firearms Eligibility Cert
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Certificate of Eligibility

Agency Address Set Contributing Agency: Department of Justice, Bureau of Firearms 02879
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

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

West Sacramento, California 95798-1118 916-263-0295
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 _____