

State of California
 Department of Justice
 Division of Law Enforcement
**Entertainment Firearms Permit
 Application**



See instructions on reverse side

Application Type

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: _____ Social Security Number: _____

Male: Female: Date of Birth: _____ Place of Birth: _____
State or Country

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

California DL or ID #: _____ Telephone #: _____

Residential Address (Physical): _____
Street Address City State Zip

Mailing Address (if different): _____
Street Address City State Zip

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. 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

Mail completed application and remittance to the Department of Justice to: Bureau of Firearms, Firearms License and Permits Unit-EFP, P.O. Box 981118, West Sacramento, CA 95798-1118

DOJ Use Only

Date Received: _____ EFP #: _____ Amount Paid: _____

Issue/Denial Date: _____ NTN #: _____ Initials: _____

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 **\$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 designated space of your Entertainment Firearms Permit application form.

Application Form Submission Requirements:

Complete the Entertainment Firearms Permits (EFP) Application form, being sure to include your Live Scan ATI number. The EFP application processing fee is \$48. Submit your completed EFP application with a \$48 check or money order payable to Department of Justice to:

**Bureau of Firearms
Firearms License and Permits Unit - EFP
P.O. Box 981118
West Sacramento, CA 95798-1118**

It is recommended you retain a copy of your completed EFP application form and your Request for Live Scan Service form for your records.

Renewal Applicants:

The EFP annual renewal processing fee is \$29. Fingerprint submissions are not required for annual renewal applications. Submit your completed EFP application with a \$29 check or money order payable to Department of Justice to:

**Bureau of Firearms
Firearms License and Permits Unit - EFP
P.O. Box 981118
West Sacramento, CA 95798-1118**

It is recommended you retain a copy of your completed EFP renewal application form for your records.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0349400 Type of Application: ENTERTAINMENT FIREARM 12081 PC
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Entertainment Firearms Permit

Agency Address Set Contributing Agency:
Department of Justice, Bureau of Firearms

Agency authorized to receive criminal history information

P.O. Box 981118

Street No. Street or P.O. Box

West Sacramento, CA 95798-1118

City State Zip Code

Mail Code (five digit code assigned by DOJ)

Firearms License and Permits Unit

Contact Name (Mandatory for all school submissions)

916-263-8100

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: ENTERTAINMENT FIREARMS 12081 PC
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Entertainment Firearms Permit

Agency Address Set Contributing Agency:
Department of Justice, Bureau of Firearms

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Contact Name (Mandatory for all school submissions)

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