CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS

MILITARY ASSAULT WEAPON PERMIT APPLICATION
FOR ACTIVE DUTY U.S. MILITARY PERSONNEL

Please complete this application by typing or printing in black ink.
See reverse for instructions and fees.

☐ New Permit ☐ Renewal Permit Permit No.: _____

APPLICANT INFORMATION

Last Name | First Name | MI | Military Rank | Military ID Number

Alias/Maiden Last Name | Alias First Name

Physical Residential Address | City | State | Zip Code | Telephone Number

Mailing Address (if different) | City | State | Zip Code

Date of Birth | Height | Weight | Hair Color | Eye Color

Branch of Service | Name of Base or Station

Address | City | State | Zip Code

WEAPON INFORMATION

Serial Number | Make | Model | Caliber

Serial Number | Make | Model | Caliber

Serial Number | Make | Model | Caliber

Serial Number | Make | Model | Caliber

(Use additional sheets if necessary)

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature _____ Date _____

Continued on Reverse

MILITARY ASSAULT WEAPON PERMIT APPLICATION
FOR ACTIVE DUTY U.S. MILITARY PERSONNEL

INSTRUCTIONS

Any active duty military personnel may apply for a Department of Justice (DOJ) Assault Weapon permit to use personal assault weapons in military sanctioned activities during the course of permanent stationing in the State of California while on active military duty. The permit can only be granted under the express conditions under California Code of Regulations, title 11, section 4137, subdivision (a).

Please complete this application by typing or printing in black ink.

Requirements for new Military Assault Weapon Permit Application:

- Completed Application (BOF 4082).
- Completed Request for Live Scan Service (BCIA 8016). The cost to process the application and the Live Scan Service is $73.00. Payment is made at the time the Live Scan is performed.
- Current copy of applicant's official military identification card.
- Official letter signed by the applicant's Base Commander, establishing that a bona fide necessity exists for use of personal assault weapons in military sanctioned activities. The letter must include a current telephone number for the Base Commander's office.
- Copy of Permanent Change of Military Station Orders.

Assault Weapon permits for active military personnel may be renewed annually, as long as the permit holder is permanently stationed in the State of California on active military duty and a bona fide necessity still exists for use of personal assault weapons in sanctioned military activities.

Requirements for renewal of Military Assault Weapon permit:

- Military Assault Weapon Permit Renewal Application (sixty-days prior to the permit expiration date, the permit holder will receive a renewal application via US mail).
- Current copy of permit holder's official military identification card.
- Official letter signed by the permit holder's Base Commander, establishing that a bona fide necessity exists for use of personal assault weapons in military sanctioned activities. The letter must include a current telephone number for the Base Commander's office.
- Copy of Permanent Change of Military Station Orders.
- There is no renewal fee if the renewal application is received by DOJ prior to the expiration date of the current permit. A late fee of $25.00 will be imposed on renewal applications received after the application due date.
- Completed copy of Report of Use of Personal Assault Weapons in Military Sanctioned Activities (BOF 047).

DOJ will not issue a permit until all required documentation is received. If you have any questions, please contact the Bureau of Firearms, Firearms Licensing and Permits Section at (916) 227-2153.

Mail completed application and required documents to:

Department of Justice
Firearms Licensing and Permits Section - MAWP
PO Box 160367
Sacramento, CA 95816-0367

PRIVACY NOTICE

The information requested on this form is being requested by the State of California, Department of Justice, Bureau of Firearms, to establish grounds for the issuance of the license or permit indicated on this application. The maintenance of the information collected on this form is authorized by California Code of Regulations, title 11, section 4130. All information requested on this form is mandatory. Failure to provide the requested information will result in the denial of this application. Information provided on this form may be disclosed to any peace officer or other person designated by the Attorney General upon request.

Pursuant to Civil Code section 1798.30 et seq., individuals have the right [with some exceptions] to access records containing the personal information about themselves that are maintained by the agency. The Bureau of Firearms is the agency officially responsible for maintaining records of the information provided on this form. For more information regarding the location of your records and the categories of any persons who use the information in those records, you may contact the Department of Justice, Bureau of Firearms at the above listed address.

REQUEST FOR LIVE SCAN SERVICE

Print Form Reset Form

Applicant Submission

CA0349400
ORI (Code assigned by DOJ)

Military Assault Weapon Permit
Authorized Applicant Type

Dangerous Weapons License/Permit
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Department of Justice / Bureau of Firearms
Agency Authorized to Receive Criminal Record Information

05467
Mail Code (five-digit code assigned by DOJ)

P.O. Box 160367
Street Address or P.O. Box

Firearms Licensing and Permits Section
Contact Name (mandatory for all school submissions)

Sacramento — City
CA — State
95816-0367 — ZIP Code

(916) 227-2153
Contact Telephone Number

Applicant Information:

Last Name

First Name — Middle Initial — Suffix

Other Name (AKA or Alias) Last

First — Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height — Weight — Eye Color — Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City — State — ZIP Code

Your Number: N/A
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

N/A
Employer Name

N/A
Mail Code (five digit code assigned by DOJ)

N/A
Street Address or P.O. Box

N/A — City
State
ZIP Code

N/A
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency — LSID — ATI Number — Amount Collected/Billed

ORIGINAL - Live Scan Operator SECOND COPY - Applicant THIRD COPY (if needed) - Requesting Agency