



CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Firearm Disposition Receipt



California Penal Code Section 29810
(Form approved for optional use)

Firearm Owner Information

Last Name:		First Name:		Middle Name:	
Physical Residence Address:			City:	State:	Zip Code:
Date of Birth (mm/dd/yyyy):	California Drivers License or Identification No.:	Place of Birth (state or country):		Sex:	
U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No	If no, enter Alien Registration No. or I-94 No.:	Country of Citizenship:	Phone No. (include area code):		

Firearm Disposition Information (To report additional firearm(s) copy and attach additional applications)

<input type="checkbox"/> Law Enforcement Agency (LEA)	ORI No.:	Name of LEA:	Name of LEA Representative:		
<input type="checkbox"/> Firearm Dealership (CFD) (Attach completed DES "Buy" Acquisition)		CFD No.:			
Business Name of CFD:			Name of CFD Sales Person/Associate:		
<input type="checkbox"/> Firearm Storage (Attach copy of completed BOF 992 form)		<input type="checkbox"/> Other (Attach applicable documentation)			
Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun		Serial Number:		Make:	Model:
Caliber:	Color:	Firearm Origin:	Barrel Length: <input type="radio"/> in. <input type="radio"/> cm.	Category i.e. semi-automatic, single-shot, bolt action):	
Describe Firearm (Identification Marks):					
Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun		Serial Number:		Make:	Model:
Caliber:	Color:	Firearm Origin:	Barrel Length: <input type="radio"/> in. <input type="radio"/> cm.	Category i.e. semi-automatic, single-shot, bolt action):	
Describe Firearm (Identification Marks):					

Declaration

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

Print Name and Title of Law Enforcement Agency Representative or Firearms Dealer Salesperson/Associate who has taken possession of the firearm(s).

Signature _____ Date _____