

CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Automated Firearms System (AFS) Request for Firearm Records



This form must be notarized and include a <u>photocopy of a valid identification card</u> (California Driver License, California Identification, Military Identification, or Out-of-State Identification). This form cannot be used to request firearm records for another individual. Please be advised the Department of Justice began retaining information regarding sales of rifles and shotguns effective January 1, 2014. As a result, records of rifles and shotguns prior to January 1, 2014 are limited to Assault Weapon registrations and voluntary reports of ownership.

| Last Name: | Suffix: | First Name: | : Middle Name: | | dle Name: | |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------|---------------------------------------|---------------------------|-----------------------------|--|
| Address: | | City: | | State: | Zip Code: | |
| Date of Birth: (mm/dd/yyyy) | Driver License/ID Number: | | Tele | Telephone Number: | | |
| Please send me a list of the fire | arms for which I am | listed as the purchas | ser, owner, or | assault w | veapon registrant. | |
| Signature: | | | Date: | | | |
| | CERTIFICATE | OF ACKNOWLED | <u>GMENT</u> | | | |
| A notary public or other officer of document to which this certificate | . • | | • | | _ | |
| In the State of | , county of | , on | 1 | | before | |
| me, | , county of before, on before, personally appeared | | | | | |
| who proved to me on the basis within instrument and acknowled capacity(ies) and that by his/her the person(s) acted, executed the | dged to me that he/sl /their signature(s) on ne instrument. | he/they executed the sa the instrument the per | ame in his/her/t rson(s), or the e | heir autho entity upor | orized n behalf of which | |
| I certify under PENALTY OF PE | RJURY under the la | ws of the State of Califo | ornia that the fo | regoing is | s true and correct. | |
| WITNESS my hand and official | seal. | | | | | |
| Signature | | (Seal) | | | | |

Please send your completed request form and copy of valid identification to:

Department of Justice
Bureau of Firearms
AFS Private Citizen Request
P.O. Box 820200
Sacramento, CA 94203-0200



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DEPARTMENT OF JUSTICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information: The Division of Law Enforcement, Bureau of Firearms in the Department of Justice collects the information on this request pursuant to Penal Code section 11106 (b)(3). The Bureau of Firearms uses this information to process a request for firearm records. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy.

The Department of Justice's general privacy policy is available at http://oag.ca.gov/privacy-policy.

Providing Personal Information: All personal information on this request is mandatory. Failure to provide the mandatory personal information will result in your request not being processed.

Access to Your Information: You may review the records maintained by the Division of Law Enforcement, Bureau of Firearms in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information: In order to process a request for firearm records, we may need to share the information you provide us with any Bureau of Firearms representative or any other person designated by the Attorney General upon request. The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies when necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations, licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information: For questions about this notice or access to your records, you may contact the Staff Services Analyst in the Customer Support Center at (916) 227-7527, via email at firearms.bureau@doj.ca.gov, or by mail at P.O. Box 820200, Sacramento, CA 94203-0200.