



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Licensing

FIREARMS INCIDENT REPORT

Chapter 493, Florida Statutes
Post Office Box 5647 • Tallahassee, FL 32314-5647 • (850) 245-5499
www.mylicensesite.com

LICENSEE INVOLVED

Name: _____ Home Phone #: _____

Current Address: _____

Race: _____ Sex: _____ "D" License #: _____ "G" License #: _____ Other License #: _____

AGENCY INFORMATION

Employing Agency Name: _____ Agency License #: _____

Address: _____ Agency Phone #: _____

INCIDENT INFORMATION

Date of Incident _____ Name and Address of Site Where Incident Occurred _____

Type of Firearm Used (Make/Model/Caliber) _____ Type of Ammunition Used _____

Shots Fired _____ Injury Inflicted? YES NO If YES, provide name of injured person _____

Name of Law Enforcement Agency Contacted _____ Phone Number _____

Name of Law Enforcement Officer _____ Report Obtained? YES NO If YES, attach copy

NARRATIVE OF INCIDENT

WITNESSES

Name: _____ Home Phone #: _____

Current Address: _____

Name: _____ Home Phone #: _____

Current Address: _____

I certify that the information contained in this report is true and correct to the best of my knowledge.

Signature of Agency Head _____ Date _____ Signature of Licensee _____ Date _____

Attach witness statement(s), police report and other documents to this report. Mail to address in letterhead.