

STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
FIREARMS QUALIFICATION APPLICANT

DCA USE ONLY

Agency File Number(s) _____

New Applicant File Number _____

CII Number _____

DOJ USE ONLY

CII Number _____

Agency File Number(s) _____

Please print clearly. Use ball point pen. Be sure all copies are legible.

FAILURE TO PROVIDE COMPLETE INFORMATION WILL RESULT IN REJECTION OF APPLICATION.

<p>APPLICATION FOR (Check appropriate block)</p> <p><input type="checkbox"/> New Application - FQC</p> <p><input type="checkbox"/> Annual Renewal</p> <hr/> <p style="text-align: center;">Firearms Qualification Number</p> <hr/> <p style="text-align: center;">Expiration Date</p>	<p>Currently/Previously Licensed as:</p> <p><input type="checkbox"/> Private Investigator _____</p> <p><input type="checkbox"/> Private Patrol Operator _____</p> <p><input type="checkbox"/> Alarm Company Operator _____</p> <p><input type="checkbox"/> Security Guard _____</p> <p><input type="checkbox"/> Alarm Agent _____</p>	<p>Current/Previous License Number(s)</p> <p>_____</p>	<p>Exp. Date</p> <p>_____</p>
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APPLICANT INFORMATION

Name (last, first, middle) _____ Other names used _____

Address (number, street, city, state, zip code)

Date of Birth	Place of Birth	Sex	Hair	Eyes	Weight	Height
/ /						

Social Security Number _____ Driver's License Number _____

CERTIFICATION

"I declare under penalty of perjury (Sections 126 and 672 PC) that all statements made by me on this application are true and complete."

Signature of applicant _____ Date _____

DOJ Use Only
FIREARM STATUS

Application rejected – reason: _____

Not prohibited

Prohibited: Lifetime Limited – expiration date ____/____/____

Other _____

Analyst _____ Date ____/____/____