



STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
FIREARMS PROGRAM
REPORT OF HANDGUN OWNERSHIP



Please type or print. Make additional copies of form as needed.

OWNER INFORMATION

FIRST NAME (ALL LEGAL NAMES AND ALIASES)			MIDDLE NAME			LAST NAME		
STREET ADDRESS								
CITY				STATE <p style="text-align: center;">CALIFORNIA</p>			ZIP CODE	
TELEPHONE NUMBER ()			CA DL / ID CARD OR S. S. NUMBER <small>CA DRIVER'S LICENSE / ID IS PREFERRED. IF NOT AVAILABLE, PLEASE PROVIDE A VALID SOCIAL SECURITY NUMBER</small>					
DATE OF BIRTH			PLACE OF BIRTH			OCCUPATION		
RACE	SEX	EYE COLOR	HAIR COLOR		HEIGHT	WEIGHT		

HANDGUN INFORMATION

DATE PURCHASED OR ACQUIRED			SERIAL NUMBER			OTHER NUMBER <small>(If Different From Serial Number)</small>		
PURCHASED OR ACQUIRED FROM			<input type="checkbox"/> Family Member (Specify Relationship): _____			<input type="checkbox"/> Private Party <input type="checkbox"/> Other (Specify): _____		
			<input type="checkbox"/> Firearms Dealer			<input type="checkbox"/> Gun Show		
MAKE (As Stamped on Handgun) (Colt, S&W, etc)				MODEL (38 Special, Python, Redhawk, etc)			CALIBER(S)	
TYPE OF HANDGUN:		<input type="checkbox"/> Singleshot <input type="checkbox"/> Semi-Auto		<input type="checkbox"/> Revolver <input type="checkbox"/> Derringer <input type="checkbox"/> Other _____		HANDGUN ORIGIN (USA, Italy, etc)		
HANDGUN COLOR:		<input type="checkbox"/> Silver/Nickel/ Stainless <input type="checkbox"/> Blue Steel		<input type="checkbox"/> Other _____		BARREL LENGTH (Number Of Inches)		
SIGNATURE						DATE		

MAIL TO: DEPARTMENT OF JUSTICE
FIREARMS PROGRAM
P. O. BOX 820200
SACRAMENTO, CA 94203-0200
(916) 227-3703

ENCLOSE: PROCESSING FEE OF \$14.00 PER HANDGUN

(MAKE CHECK OR MONEY ORDER PAYABLE TO THE DEPARTMENT OF JUSTICE)