

DEALER'S RECORD OF SALE OF FIREARM WORKSHEET

CFD NUMBER: _____

DROS NO. ASSIGNED: _____

TRANSACTION INFORMATION

TRANSMISSION DATE: _____		TIME: _____		DELIVERY DATE: _____		TIME: _____	
FIREARM TYPE: <input type="checkbox"/> HANDGUN <input type="checkbox"/> LONG GUN(S) _____ <small><i>If long gun transaction, enter the number of firearms:</i></small>		TRANSACTION TYPE: <input type="checkbox"/> DEALER SALE <input type="checkbox"/> PRIVATE PARTY TRANSFER <small>(cert-list exempt)</small> <input type="checkbox"/> LOAN <small>(cert-list exempt)</small> <input type="checkbox"/> PAWN/ CONSIGNMENT RETURN <small>(cert-list exempt)</small> <input type="checkbox"/> CURIO/RELIC/ OLYMPIC/ OTHER EXEMPT/ <small>(cert-list exempt)</small> <input type="checkbox"/> PEACE OFFICER <small>(cert-list exempt)</small>		GUN SHOW TRANSACTION? <input type="radio"/> YES <input type="radio"/> NO		TRANSACTION EXEMPT FROM THE 1-HANDGUN-PER-30-DAY LIMIT <input type="checkbox"/>	

WAITING PERIOD EXEMPTIONS

PURCHASER CLAIMS THE FOLLOWING WAITING PERIOD EXEMPTION PURSUANT TO 12078 PC (if applicable):

<input type="checkbox"/> PEACE OFFICER STATUS <small>(Must have agency letter)</small>	<input type="checkbox"/> CA FIREARMS DEALER <small>Enter CFD number: _____</small>	<input type="checkbox"/> SPECIAL WEAPONS PERMIT <small>Enter type of permit and number: _____ (Does not include license to carry a concealed handgun)</small>	<input type="checkbox"/> COLLECTOR STATUS <small>(Valid for Curio/Relics Only) Enter COE Number: _____</small>
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REVOLVER / PISTOL INFORMATION

MAKE (As Stamped on Handgun) (Colt, S&W, etc)		MODEL (647, Redhawk, etc)	CALIBER(S)
SERIAL NUMBER	OTHER NUMBER (If Different from Serial Number)	HANDGUN TYPE: <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO <input type="checkbox"/> DERRINGER	
HANDGUN COLOR: <input type="checkbox"/> BLUE STEEL <input type="checkbox"/> SILVER/NICKEL/ STAINLESS <input type="checkbox"/> OTHER _____		BARRELENGTH	HANDGUN ORIGIN (USA, Italy, etc)
FRAME ONLY? <input type="radio"/> YES <input type="radio"/> NO	NEW HANDGUN? <input type="radio"/> YES <input type="radio"/> NO	COMMENTS	

PURCHASER INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
ALIAS FIRST NAME	ALIAS MIDDLE NAME	ALIAS LAST NAME	ALIAS SUFFIX
STREET ADDRESS			ZIP CODE

One of the following forms of identification is required to legally purchase firearms in California: California Driver's License (CDL), California ID (CID) card issued by the DMV, or Military ID (MIL) for active duty military accompanied by permanent duty station orders indicating that the purchaser is stationed in California.

ID TYPE (Circle One) CDL CID MIL	ID NUMBER	ID SOURCE	US CITIZEN? <input type="radio"/> YES <input type="radio"/> NO	IF NO, ENTER AR# OR I-94# and COUNTRY OF CITIZENSHIP
TELEPHONE NUMBER ()	DATE OF BIRTH MO DAY YR	PLACE OF BIRTH	RACE	
SEX	EYES	HAIR	HEIGHT	WEIGHT
				HSC NUMBER OR EXEMPTION CODE (Handguns Only)
<input type="radio"/> YES <input type="radio"/> NO	HAS PURCHASER EVER BEEN CONVICTED OF A FELONY OR OF AN OFFENSE SPECIFIED IN PENAL CODE SECTION 12021.1 OR 12001.6: OR CONVICTED OF ASSAULT, BATTERY, OR OTHER MISDEMEANOR OFFENSE SPECIFIED IN PENAL CODE SECTION 12021(c)(1) IN THE LAST 10 YEARS?			
<input type="radio"/> YES <input type="radio"/> NO	IS PURCHASER A MENTAL PATIENT OR ON LEAVE OF ABSENCE FROM A MENTAL HOSPITAL AS DESCRIBED IN WELFARE AND INSTITUTIONS CODE SECTION 8100?			
<input type="radio"/> YES <input type="radio"/> NO	HAS PURCHASER EVER BEEN ADJUDICATED BY A COURT TO BE A DANGER TO OTHERS, FOUND NOT GUILTY BY REASON OF INSANITY, FOUND INCOMPETENT TO STAND TRIAL, OR PLACED UNDER A CONSERVATORSHIP, PURSUANT TO WELFARE AND INSTITUTIONS CODE SECTION 8103?			
<input type="radio"/> YES <input type="radio"/> NO	IS PURCHASER CURRENTLY THE SUBJECT OF ANY RESTRAINING ORDER PURSUANT TO FAMILY CODE SECTION 6380?			

By signing this document, I hereby certify under the penalty of perjury that the information provided is true and correct

SIGNATURE OF PURCHASER

PRIVATE PARTY TRANSFER (SELLER INFORMATION)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
STREET ADDRESS		ZIP CODE	ID TYPE (Circle One) CDL CID MIL
ID SOURCE	TELEPHONE NUMBER ()	PLACE OF BIRTH	US CITIZEN? <input type="radio"/> YES <input type="radio"/> NO
DATE OF BIRTH MO DAY YR	RACE	SEX	IF NO, ENTER AR# OR I-94# and COUNTRY OF CITIZENSHIP
			SIGNATURE OF SELLER

By signing this document, I hereby certify under the penalty of perjury that the information provided is true and correct

DEALER INFORMATION

FIREARM SAFETY DEVICE DESCRIPTION AND/OR COMMENTS	DEALER TELEPHONE NUMBER ()
SALESPERSON'S PRINTED NAME & COE NUMBER (IF ISSUED)	SIGNATURE OF SALESPERSON

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FALSIFICATION OF INFORMATION ON THIS FORM IS A MISDEMEANOR (PENAL CODE 12076)