



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 CALIFORNIA			ZIP CODE	
TELEPHONE NUMBER (       )				CA DL / ID CARD OR S. S. NUMBER CA DRIVER'S LICENSE / ID IS PREFERRED. IF NOT AVAILABLE, PLEASE PROVIDE A VALID SOCIAL SECURITY NUMBER				
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 (If Different From Serial Number)		
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"/> Other _____				HANDGUN ORIGIN (USA, Italy, etc)		
		<input type="checkbox"/> Revolver <input type="checkbox"/> Derringer						
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)