

CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS AUTOMATED FIREARMS SYSTEM (AFS) REQUEST FOR FIREARM RECORDS



This form must be notarized and include a <u>photocopy</u> of a <u>valid identification card</u> (driver license, military ID, etc.)
This form cannot be used to request firearm records for another individual. Please be advised that the Department of Justice does not retain information regarding sales of rifles or shotguns. As a result, records of rifles and shotguns that are not assault weapons are limited.

Last Name:	Suffix: First Name:	Middle Name:
Address:	City:	State: Zip Code:
Date of Birth: (mm/dd/yyyy)	Driver License/ID Number:	Telephone Number:
Please send me a list of the fire	arms for which I am listed as the purcha	ser, owner, or assault weapon registrant.
Signature:		Date:
	CERTIFICATE OF ACKNOWLED	<u>GMENT</u>
Onappeared	before me,	,personally
instrument and acknowledged to	of satisfactory evidence to be the person wo o me that he/she executed the same in his/ the person, or the entity upon behalf of wh	her authorized capacity, and that by his/
I certify under PENALTY OF PE	RJURY under the laws of the State of Cali	fornia that the foregoing is true and correct.
WITNESS my hand and official	seal.	

Please send your completed request form and copy of valid identification to:

Department of Justice Bureau of Firearms AFS Private Citizen Request P.O. Box 820200 Sacramento, CA 94203-0200