



# CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS ENTERTAINMENT FIREARMS PERMIT APPLICATION



(Instructions on Reverse)

A. Application Type (check appropriate box)		
<input type="radio"/> New Permit	Applicant Tracking Identifier (ATI) No.:	
<input type="radio"/> Annual Renewal	Entertainment Firearms Permit No.:	Date of Expiration (mm/dd/yyyy):

B. Applicant Information			
Last Name:	First Name:	Middle Name:	
Alias Last Name (if any):	Alias First Name:	Alias Middle Name:	
Phone No. (include area code):	Social Security No.:		
Date of Birth (mm/dd/yyyy):	Place of Birth (state or country):	Sex:	
U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No	If no, enter Alien Registration No. or I-94 No.:	Country of Citizenship:	
Residence Street Address:	City:	State:	Zip Code:
Mailing Address (if different):	City:	State:	Zip Code:

C. Declaration	
<p><i>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I expressly authorize the Department of Justice to perform firearms eligibility checks of all relevant state and federal databases, including the Federal Bureau of Investigation's National Instant Criminal Background Check System. I also understand that if I currently possess or own firearms and the results of this check reveal that I am ineligible either to lawfully possess or purchase firearms, I must relinquish any and all firearms in my possession.</i></p>	
<p>Signature _____</p>	<p>Date _____</p>

**FOR DOJ USE ONLY**

Date Received: _____	EFP #: _____	Initials: _____
Issue/Denial Date: _____	NTN #: _____	



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## New Applicants

### ***Fingerprint Submission Requirements:***

You must submit your fingerprint impressions before submitting this application form to the Department of Justice (DOJ). To submit fingerprint impressions, you must take a completed Request for Live Scan Service form (BCII 8016) to a Live Scan station. Please refer to [www.oag.ca.gov/fingerprints](http://www.oag.ca.gov/fingerprints) for Live Scan station location information. Your fingerprint impressions will need to be submitted by the Live Scan operator to DOJ and FBI. You must pay the Live Scan operator an \$80 DOJ fingerprint processing and BOF eligibility processing fee, a \$19 FBI fingerprint processing fee, and the Live Scan operator's fee (Note: the Live Scan operator fee varies by Live Scan site, and the Division of Law Enforcement, Bureau of Firearms does not regulate nor set this price).

The Live Scan operator will provide an Applicant Tracking Identifier (ATI) number on your copy of the Request for Live Scan Service form (BCII 8016). The ATI number documents your fingerprint submissions. You must enter your ATI number on the designated space of your Entertainment Firearms Permit application form.

### ***Application Form Submission Requirements:***

Complete the Entertainment Firearms Permit (EFP) Application form. Be sure to include your Live Scan ATI number. Mail your completed EFP Application to:

DEPARTMENT OF JUSTICE  
BUREAU OF FIREARMS  
FIREARMS LICENSING AND PERMIT SECTION-EFP  
P.O. BOX 160367  
SACRAMENTO, CA 95816-0367

It is recommended that you retain a copy of your completed EFP Application form and your Request for Live Scan Service form for your records.

## Renewal Applicants

Fingerprint submissions are not required for annual renewal applications. Mail your completed EFP Application, along with the \$29.00 EFP Annual Renewal Fee to the address listed below.

DEPARTMENT OF JUSTICE  
BUREAU OF FIREARMS  
FIREARMS LICENSING AND PERMIT SECTION-EFP  
P.O. BOX 160367  
SACRAMENTO, CA 95816-0367

It is recommended that you retain a copy of your completed EFP Application form and your Request for Live Scan Service form for your records.

**If you have any questions, please contact the Firearms Licensing and Permit Section at (916) 227-2153.**



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

CA0349400

ORI (Code assigned by DOJ)

Entertainment Firearms Permit Application

Authorized Applicant Type

Entertainment Firearms Permit Application

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Department of Justice, Bureau of Firearms

Agency Authorized to Receive Criminal Record Information

01123

Mail Code (five-digit code assigned by DOJ)

P.O. Box 160367

Street Address or P.O. Box

Firearms Licensing and Permit Section

Contact Name (mandatory for all school submissions)

Sacramento

City

CA 95816-0367

State ZIP Code

(916) 227-2153

Contact Telephone Number

### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex  Male  Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number

(Agency Billing Number)

Misc. Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security Number

City

State

ZIP Code

Home Address

Street Address or P.O. Box

N/A

Your Number: N/A

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

### Employer (Additional response for agencies specified by statute):

N/A

Employer Name

N/A

Mail Code (five digit code assigned by DOJ)

N/A

Street Address or P.O. Box

N/A

City

State

ZIP Code

N/A

Telephone Number (optional)

### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed