



*Applicant Submission*

CA0349400

ORI (Code assigned by DOJ)

Entertainment Firearms Permit Application

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

Entertainment Firearms Permit Application

Authorized Applicant Type

Contributing Agency Information:

Department of Justice, Bureau of Firearms

Agency Authorized to Receive Criminal Record Information

P.O. Box 160367

Street Address or P.O. Box

Sacramento

City

CA 95816-0367

State ZIP Code

01123

Mail Code (five-digit code assigned by DOJ)

Firearms Licensing and Permit Section

Contact Name (mandatory for all school submissions)

(916) 227-2153

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex  Male  Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing  
Number

(Agency Billing Number)

Misc.  
Number

(Other Identification Number)

City

State

ZIP Code

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

Street Address or P.O. Box

N/A

City

State

ZIP Code

N/A

Mail Code (five digit code assigned by DOJ)

N/A

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed