



**CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
Assault Weapon Registration (AWR)
Confirmation Letter Request**



This form must be notarized and include a photocopy of a valid identification card (California Driver License, California Identification, Military Identification, or Out-of-State Identification). This form cannot be used to request assault weapon confirmation letters for another individual.

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 copy of the assault weapon registration confirmation letter(s) for which I am listed as the assault weapon registrant. Enclosed is a photocopy of my/our valid identification card(s).

Signature _____

Date _____

CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

In the State of _____, county of _____, on _____ before me, _____, personally appeared _____

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)

Please send your completed request and photocopy of valid identification to:

Department of Justice
Bureau of Firearms
Assault Weapon Registration
P.O. Box 160367
Sacramento, CA 95816-0367

FAXED DOCUMENTS WILL NOT BE ACCEPTED - ORIGINAL SIGNATURES REQUIRED



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Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information: The Division of Law Enforcement in the Department of Justice collects the information on this request pursuant to Penal Code sections 30900 and 30630. The Division of Law Enforcement uses this information to process requests for copies of assault weapon registration confirmation letters. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information: All the personal information requested in the form must be provided. If you fail to provide any of the required personal information, the unprocessed report will be returned to you for completion and resubmission.

Access to Your Information: You may review the records maintained by the Division of Law Enforcement in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information: In order to ensure you are not prohibited and process a request for a copy of an assault weapon registration letter, we may need to share the information you give us with entities as authorized in Penal Code section 11105. The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies when necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information: For questions about this notice or access to your records, you may contact the Staff Services Analyst in the Customer Support Center at (916) 227-7527, via email at firearms.bureau@doj.ca.gov, or by mail at P.O. Box 160367, Sacramento, CA 95816-0367.