

Instructions for completing the **WDFW Police, Request/Authorization for Firearms Pre-Release Checks** form for naturalized U.S. Citizens:

1. **Please read the entire form carefully.**
2. Complete the "DATE" portion (at the top of the form) with the date on which you are filling out the form.
3. If you DO NOT possess a Concealed Pistol License, write "None" and leave the next 2 blocks blank. Continue filling in the remaining blocks.
4. Carefully and completely read the certification statement and sign in the block provided below.
5. Return the completed form to the proper Property/Evidence Technician.
6. Once the required pre-release checks have been completed, responses returned to the agency and reviewed to determine eligibility, the submitter will be contacted to schedule an appointment for the return of the firearm(s).
7. Should you require additional information or have questions please contact the Evidence Technician in the region where your firearm was seized.

#### **IMPORTANT ADDITIONAL INFORMATION -**

- If the firearm's owner will be picking up and signing for the firearm(s), they are required complete and return a Firearms Pre-Release Check form.
- If the owner designates another adult to pick up their firearm(s), the owner must complete and return the Firearms Pre-Release Check for themselves and provide a written, notarized letter stating who they are, what firearm(s) are to be picked up and who has been designated to pick-up the firearm(s). The designated person is also required to complete and return a Firearms Pre-Release Check Request form. **NOTE:** The designated adult must bring the original notarized letter and a form of current, valid, government-issued picture identification, (i.e. a WA state driver's license, WA State Identification card, U.S. Passport, Military Identification Card, etc.), with them to the pick-up appointment.
- Also. If the owner is relinquishing ownership rights and has sold or given the firearms to another designated adult, that person will be required to complete and sign a Firearms Advisory Acknowledgment form at the time of the release of the firearm(s). (This statement is only required if the actual owner of the firearm is permanently transferring ownership of the firearm to another person.)



# Washington Department of Fish and Wildlife Police

## Request/Authorization for Firearms Pre-Release Checks

- NICS FIP Verification Only

DATE

CASE NO.

### OWNER INFORMATION

SEX <input type="checkbox"/> M <input type="checkbox"/> F		DATE OF BIRTH	RACE	HEIGHT	WEIGHT	EYE COLOR	U.S. CITIZEN <input type="checkbox"/> Y <input type="checkbox"/> N	PLACE OF BIRTH (CITY, STATE, OR COUNTRY)	
LAST		FIRST		MIDDLE		SSN		PHONE	
HOME ADDRESS (NUMBER, STREET, APT. #)				CITY		STATE	ZIP	COUNTY	
CONCEALED PISTOL LICENSE #.	EXP. DATE	ISSUING AUTHORITY		STATE DRIVERS LICENSE #	STATE OF ISSUE	NAME LISTED ON LICENSE			

### OWNER STATEMENT

I certify that I am not ineligible to possess a firearm under RCW 9.41.040 and that (1) I have not been convicted in this state or elsewhere of, a) any felony offense, b) any domestic violence offense as described in RCW 9.41.040 committed on or after July 1, 1993; (2) I have not been convicted of three violations of Chapter 9.41 RCW within five (5) calendar years; (3) I have not been involuntarily committed for mental health treatment pursuant to RCW 71.05.320, 71.34.090, 10.77 or equivalent statute in another jurisdiction, unless my right to possess a firearm has been restored by a court pursuant to RCW 9.41.040(4); (4) In the case of a pistol, I am not under twenty-one years of age; (5) I am not subject to a court order or injunction regarding firearms possession; (6) I am not free on bond or personal recognizance pending trial, appeal, or sentencing for a felony offense; (7) I do not have an outstanding warrant for my arrest from any court of competent jurisdiction for a felony or misdemeanor; I understand that by signing this application I am waiving confidentiality and requesting that the Department of Social and Health Services release information relevant to my eligibility to possess a firearm to the Washington Department of Fish and Wildlife Law Enforcement Program. I certify that the statements and other information set forth in this above are true and correct.

OWNER SIGNATURE (Sign full legal name)