Instructions for completing the WDFW Police, Request/Authorization for Firearms Pre-Release Checks form for Immigrant Alien, Non-Immigrant Alien, Alien Firearms Licensees or Legal Permanent Resident block(s).

- 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 are not a Naturalized U.S. Citizen, complete the applicable Immigrant Alien, Non-Immigrant Alien, Alien Firearms License or Legal Permanent Resident block(s).
- 4. If you DO NOT possess a Concealed Pistol License, write "None" and leave the next 2 blocks blank. Continue filling in the remaining blocks.
- 5. Carefully and completely read the certification statement and sign in the block provided below.
- 6. Return the completed form to the proper Property/Evidence Technician.
- 7. 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).
- 8. Should you require additional information or have questions please contact the Evidence Technician in the region where your firearm was seized.

## **IMPORTANT ADDITONAL 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, <u>notarized</u> 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 <u>designated person</u> 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 *<u>Firearms Advisory</u>* <u>*Acknowledgment*</u> 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                    | DATE               |                          | NO.                                     |                      |
|------------------------------------|---------------|-------------------|--------------------------|--------------|-------------------------|--------------------|--------------------------|---|----------------------|
| OWNER INFORMATION                  |               |                   |                          |              |                         |                    |                          |   |                      |
| SEX                                | DATE OF BIRTH |                   | RACE                     | HEIGHT       | WEIGHT EYE COLOR        |                    |                          | PLACE OF BIRTH (CITY, STATE, OR COUNTRY |                      |
|                                    |               |                   |                          |              |                         |                    |                          |   |                      |
| IMMIGRANT ALIEN                    |               |                   | ALIEN F                  | REGISTRATION | or USCIS#               |                    | NONIMMIGRANT ALIEN       |   | 11 DIGIT ADMISSION # |
| ALIEN FIREARMS LICENSE             |               | ISSUING AUTHORITY |                          |              | ALIEN FIREARMS LICESE # |                    | LEGAL PERMANENT RESIDENT |   | EXPIRATION DATE      |
| LAST                               |               |                   | FIRST                    |              | MIDDLE                  |                    |                          | SSN                                     | PHONE                |
| HOME ADDRESS ( <i>NUMBER, STRE</i> |               |                   | R, STREET, AP            | T. #)        |                         | CITY               | STATE                    | ZIP                                     | COUNTY               |
| CONCEALED PISTOL LICENSE #.        |               | NSE#. E)          | EXP. DATE ISSUING AUTHOR |              | ORITY                   | STATE DRIVERS LICE | NSE# STATE OF            | ISSUE NAME LIS                          | STED 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 notbeen 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)