IRVINE POLICE DEPARTMENT

# FIREARMS DEALER PERMIT APPLICATION

MICHAEL KENT
CHIEF OF POLICE

**INSTRUCTIONS:**
In order to process a Firearms Dealer Permit Application, the following items must be submitted electronically , in person, or by mail:

1. APPLICANT'S BIOGRAPHY
2. LETTER OF INTENT OF BUSINESS
3. FEDERAL FIREARMS LICENSE
4. CENTRALIZED LIST
5. COPY OF DRIVER'S LICENSE
6. SELLER'S PERMIT
7. FIREARM AND AMMUNITION EXCISE TAX (FET) CERTIFICATE
8. FIREARMS SAFETY CERTIFICATE
9. CERTIFICATE OF ELIGIBILITY

**MAILING ADDRESS:**
Irvine Police Department
Attn: Special Permits (G. Vicino)
One Civic Center Plaza
Irvine, CA 92606

PAYMENT: Please include a check payable to the City of Irvine.

DATE

## APPLICATION TYPE

Select one:

☐ NEW PERMIT ($331) ☐ ANNUAL RENEWAL ($292)

## BUSINESS & APPLICANT INFORMATION

| BUSINESS NAME | | | | |
|---|---|---|---|---|
| | | | | |
| BUSINESS ADDRESS | | | BUSINESS PHONE | |
| | | | | |
| CITY | STATE | ZIP | DRIVER'S LICENSE #* | STATE |
| | CA | | | CA |
| NAME (Last, First, Middle Initial)* | TITLE | | DATE OF BIRTH* | |
| | | | | |
| HOME ADDRESS* | | | PHONE* | |
| | | | | |
| CITY* | STATE | ZIP | EMAIL* | |
| | CA | | | |

## DISCLAIMER

I hereby certify, under penalty of perjury, the information provided on this application is true and correct.

SIGNATURE _____ DATE _____

**FOR OFFICE USE ONLY**

PAYMENT RECEIVED? ☐ YES ☐ NO
INSPECTION COMPLETED? ☐ YES ☐ NO
BUSINESS LICENSE NUMBER _____

**INSPECTION COMPLETE DATE** _____
**PERMIT NUMBER ISSUED** _____
**PERMIT ISSUED DATE** _____