



## Weapon Release Request

*False information constitutes a FELONY offense (ARS 13-2703)*

I, \_\_\_\_\_, request the release of the following weapon(s):  
*(printed name)*

Weapon(s): \_\_\_\_\_

Report Number: \_\_\_\_\_

I hereby swear the following to be true by INITIALING below:

1. \_\_\_\_\_ I am the owner of the weapon(s).
2. \_\_\_\_\_ I am not the owner, but I am attaching a notarized authorization from the owner to obtain the weapon.
3. \_\_\_\_\_ I am not a prohibited possessor of a firearm or deadly weapon.
4. \_\_\_\_\_ I have not been convicted of any crimes other than traffic offenses.
5. \_\_\_\_\_ I have been convicted of the following crimes (not including traffic violations).

<u>CRIME</u>	<u>DATE</u>	<u>COURT</u>	<u>MISDEMEANOR OR FELONY</u>
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*(See next page for additional space)*

6. \_\_\_\_\_ If #5 is initialed, I have had my civil rights to possess a firearm or deadly weapon restored in the following manner: \_\_\_\_\_
7. \_\_\_\_\_ I have not been convicted of any crimes, including misdemeanors, against a person I now live with or have lived with any time in the past, including marriages.
8. \_\_\_\_\_ I have not been convicted of any crimes that constitute domestic violence.
9. \_\_\_\_\_ I am not presently under any court order such as an Order Protection, Injunction, or release condition which prohibits me from possessing a weapon.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver License # & State: \_\_\_\_\_

Aliases that I have: \_\_\_\_\_

*[See next page]*



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Continuation Page – Listing of Crimes

<u>CRIME</u>	<u>DATE</u>	<u>COURT</u>	<u>MISDEMEANOR OR FELONY</u>

I SWEAR THAT ALL INFORMATION PROVIDED IN THIS REQUEST IS TRUE

\_\_\_\_\_  
Date Printed Name

\_\_\_\_\_  
Phone Signature

State of Arizona )  
                          ) ss.  
County of Mohave)

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by  
\_\_\_\_\_.

My commission expires: \_\_\_\_\_  
Notary Public Signature \_\_\_\_\_

Department  
Picture ID Type: \_\_\_\_\_ Received by: \_\_\_\_\_

Verification by: \_\_\_\_\_