

AGENCY LETTERHEAD HERE

Date: _____
(Must be typed)

PROFORCE LAW ENFORCEMENT
655 Berry Street, Suite H
Brea, CA 92821

Re: Firearm(s) Purchase Authorization

Officer Name (Must be typed)

TO WHOM IT MAY CONCERN:

I hereby certify that the above-named law enforcement officer will use the requested firearm(s) for use in performing official duties. I further certify that a records check has been conducted on the law enforcement officer who is purchasing the firearm(s) and reveals no conviction for misdemeanor crimes of domestic violence.

Additionally, the above law enforcement officer is a full time compensated law enforcement officer (qualifies under California Penal Code 830.2(b)).

Further, I understand that this firearm purchase is restricted per Assembly Bill 2699 and certify that this officer meets the requirements set forth therein.

The firearm(s) to be purchased is/are listed below:

Firearm Description

Printed or Typed Name of Purchasing Officer

Signature

Date

*Printed or Typed Name of Person of Authority
(See below)

Signature

Date

***A) In a city or county police department the director of public safety or the chief or commissioner of police.**

B) In a Sheriff's office, the sheriff.

C) In a State police or highway patrol department, the commissioner or other supervising head of agency to which the state officer or employee is assigned.

Officers Name: _____

C/O Agency Name: _____

Agency Address: _____

Agency City, State, Zip Code: _____