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| Voluntary Waiver of Firearm Rights | *For Clerk’s use*:[ ]  Photo ID checked.[ ]  Copy sent to:WSP Attn: Criminal Records Division Suite 1300, 106 11th Ave SWOlympia, WA 98501 |

To the County Clerk of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Washington.

I *(first, middle, last name)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ voluntarily waive my firearm rights.

My Date of Birth *(month/date/year)* Race \_\_\_\_\_\_\_\_\_\_\_

Sex \_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_ Height \_\_\_\_\_\_\_\_ Eyes \_\_\_\_\_\_\_\_ Hair \_\_\_\_\_\_\_\_\_\_

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| ***Important****! Bring photo ID to the Clerk’s office. (ID must include date of birth and full name.)* |

[ ]  *(Optional)* If I revoke this waiver, send a copy of the revocation to:

Name:

Street or PO Box:

City: State: Zip:

Telephone:

Date:

Sign here

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| ***Notice***: Because you have filed this voluntary waiver of firearms rights, effective immediately you may not purchase or receive any firearm. You may revoke this voluntary waiver of firearm rights any time after at least seven calendar days have elapsed since the time of filing. This waiver remains in effect until you revoke it.  |

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| *For Clerk’s Use*: Type of photo ID: [ ]  Driver’s License [ ]  Passport [ ]  State ID [ ]  Federal ID Expiration date: ID number: Issued by (state): \_ |