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| Revocation of Voluntary Waiver of Firearm Rights | *For Clerk’s use*:[ ] Photo ID checked[ ] Copy sent to contact listed in waiver[ ] Copy sent to Washington State Patrol Firearms Background Check Program |

To the County Clerk of County, Washington.

I *(first, middle, last name)*: filed a voluntary waiver of my firearm rights **in this county** on *(date)*: .

I revoke the waiver.

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.)* |

Date:

Sign here

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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)*:  |