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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:  WSP Attn: Criminal Records Division Suite 1300, 106 11th Ave SW  Olympia, WA 98501 |

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): |