

Voluntary Waiver of Firearm Rights

For Clerk's use:

- ☐ Photo ID checked.
☐ Copy sent to Washington State
Patrol Firearms Background Check
Program
☐ Copy sent to optional contact:

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 _____

Important! Bring or send a scanned copy of photo ID to the Clerk's office. (ID must include date of birth and full name.)

☐ (*Optional*) If I attempt to buy a firearm or revoke this waiver, contact:

Name: _____

Street or PO Box: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Date: _____

Sign here

Notice: Because you have filed this voluntary waiver of firearms rights, you may not have possession or control of a firearm. It is unlawful under RCW 9.41.040(7). Effective immediately, you may not purchase, receive, control, or possess any firearm. You must surrender any firearms in your possession or control immediately. You may revoke this voluntary waiver of firearm rights any time after at least 7 calendar days have elapsed since the time of filing. This waiver remains in effect until you revoke it.

For Clerk's Use:

Type of photo ID: ☐ Driver's License ☐ Passport ☐ State ID ☐ Federal ID

Expiration date: _____

ID number: _____ Issued by (*state*): _____