|  |  |
| --- | --- |
| 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 SWOlympia, 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 \_\_\_\_\_\_\_\_\_\_

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

Date:

Sign here

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