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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[ ] 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 \_\_\_\_\_\_\_\_\_

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| ***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:

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| ***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 seven calendar days have elapsed since the time of filing. This waiver remains in effect until you revoke it. |

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*):  |