

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 _____

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): _____