

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 SW
Olympia, WA 98501

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 photo ID to the Clerk's office. (ID must include date of birth and full name.)

(*Optional*) If I revoke this waiver, send a copy of the revocation to:

Name: _____

Street or PO Box: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Date: _____

Sign here

Notice: Because you have filed this voluntary waiver of firearms rights, effective immediately you may not purchase or receive any firearm. 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.

For Clerk's Use:

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

Expiration date: _____

ID number: _____ Issued by (state): _____