



# CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Dealer's Record of Sale (DROS) Worksheet



CFD No.: 

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DROS No.: 

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**Transaction Information**

Transmission Date:	Transmission Time:	Delivery Date:	Delivery Time:	Gun Show Transaction <input type="checkbox"/> Yes <input type="checkbox"/> No
Firearm Type: (if long gun transaction, enter the number of firearms) <input type="checkbox"/> Handgun <input type="checkbox"/> Long Gun(s) _____	Transaction Type: (All but "Dealer Sale" cert-list exempt) <input type="checkbox"/> Dealer Sale <input type="checkbox"/> Private Party Transfer <input type="checkbox"/> Curio/Relic/Olympic/Other Exempt <input type="checkbox"/> Loan <input type="checkbox"/> Pawn/Consignment Return <input type="checkbox"/> Peace Officer			Transaction exempt from 1 handgun per 30 day limit. <input type="checkbox"/>

**Waiting Period Exemptions**

Purchaser claims the following waiting period exemption pursuant to Penal Code sections 26950 through 26970 and 27650 through 27670..

<input type="checkbox"/> PEACE OFFICER STATUS (must have agency letter)	<input type="checkbox"/> CA FIREARMS DEALER Enter CFD Number: _____	<input type="checkbox"/> SPECIAL WEAPONS PERMIT Enter Type and Permit Number. (does not include CCW permit) Permit Type _____ Permit Number _____	<input type="checkbox"/> COLLECTOR STATUS (curio/relic only) Enter COE Number: _____
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**Revolver/Pistol Information**

Make: (Colt, S&W, etc.)	Model: (647, Redhawk, etc.)	Caliber:	Barrel Length:	Serial Number:	Other Number: (if different)	
Handgun Type: <input type="checkbox"/> Revolver <input type="checkbox"/> Semi-Auto <input type="checkbox"/> Other: _____ <input type="checkbox"/> Single Shot <input type="checkbox"/> Derringer	Handgun Color: <input type="checkbox"/> Blue Steel <input type="checkbox"/> Other: _____ <input type="checkbox"/> Silver/Nickel/Stainless	Frame Only: <input type="checkbox"/> Yes <input type="checkbox"/> No	New Handgun: <input type="checkbox"/> Yes <input type="checkbox"/> No	Handgun Origin (USA, Italy, etc.)		
Comments:						

**Purchaser Information**

First Name:	Middle Name:	Last Name:	Suffix:
Alias First Name:	Alias Middle Name:	Alias Last Name:	Alias Suffix:
Street Address:		City:	Zip Code:

One of the following forms of identification is required to legally purchase firearms in California: California driver license (CDL), California ID (CID) card issued by the DMV, or Military ID (MID) for active duty military accompanied by permanent duty station orders indicating that the purchaser is stationed in California.

ID Type: (check one) <input type="checkbox"/> CDL <input type="checkbox"/> CID <input type="checkbox"/> MIL	ID Number: _____	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, enter Alien Registration or I-94 Number and Country of Citizenship Alien Registration or I-94 Number _____ Country of Citizenship _____
Telephone Number: ( ) _____	Date of Birth: (mm/dd/yyyy)	Place of Birth:	Race:
Sex:	Height:	Weight:	Hair Color:
			Eye Color:
HSC Number or Exemption Code: (handguns only)			

Yes  No Has purchaser ever been convicted of a felony or of any offense specified in Penal Code sections 23515 and 29905, or convicted of assault, battery, or other misdemeanor offense specified in Penal Code section 29805 in the last 10 years?

Yes  No Is purchaser a danger/threat to self or others pursuant to Welfare and Institutions Code section 8100, or a person who has been admitted to a mental health facility as a danger to self or others pursuant to Welfare and Institutions Code sections 5150 through 5152 within the past 5 years?

Yes  No Has purchaser ever been adjudicated by a court to be a danger to others, found not guilty by reason of insanity, found incompetent to stand trial, or placed under a conservatorship, pursuant to Welfare and Institutions Code section 8103?

Yes  No Is purchaser currently the subject of any restraining order pursuant to Family Code section 6380?

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Purchaser \_\_\_\_\_ Date \_\_\_\_\_

**Private Party Transfer (Seller Information)**

First Name:	Middle Name:	Last Name:	Suffix:
Street Address:		City:	Zip Code:
ID Type: (check one) <input type="checkbox"/> CDL <input type="checkbox"/> CID <input type="checkbox"/> MIL	ID Number: _____	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, enter Alien Registration or I-94 Number and Country of Citizenship Alien Registration or I-94 Number _____ Country of Citizenship _____
Date of Birth: (mm/dd/yyyy)	Place of Birth:	Race:	Sex: Height: Weight: Hair Color: Eye Color:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Seller \_\_\_\_\_ Date \_\_\_\_\_

**Dealer Information**

Firearm Safety Device Description and/or Comments:	Telephone Number: ( ) _____
Sales Person Printed Name and COE Number if Issued:	

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Salesperson \_\_\_\_\_ Date \_\_\_\_\_