



FIREARMS & AMMUNITION SALESPERSON – APPLICATION FOR POLICE PERMIT

ACCOUNT NO: _____ PC NO: _____

Applicant's Full Name: _____
(Your full name as it appears on your CDL or ID)

Business Name: _____

Business Address: _____

City: _____ (Number, Street, Apartment, Unit, Suite) State: _____ Zip Code: _____

Business No: _____

Home Address: _____

City: _____ (Number, Street, Apartment, Unit, Suite) State: _____ Zip Code: _____

Contact No: _____

California Driver's License or California Identification Number: _____ State: _____

Date of Birth: _____

Height: _____

Weight: _____

Gender: _____

Hair Color: _____

Eye Color: _____

Applicant's History

Have you ever applied for a Police Permit or a similar permit which resulted in denial, suspension or revocation? Yes No

If yes, please explain: _____

Have you been arrested for a crime, which resulted in a conviction? Yes No

If you answered "YES," please list any and all arrests and convictions:

Date: _____ City: _____ State: _____

Charge: _____ Disposition: _____

Date: _____ City: _____ State: _____

Charge: _____ Disposition: _____

***** READ REVERSE BEFORE SIGNING *****

I declare under the penalty of perjury, under the laws of the State of California, that all information contained in this Application for Police Permit and any accompanying documents is true and correct, with full knowledge. I understand that by signing this form, I am subject to investigation and any false, misleading or incomplete information can result in the disqualification, denial or subsequent revocation of any and all Los Angeles Police Commission issued police permits. Refer to the most updated fee schedule for the current fee.

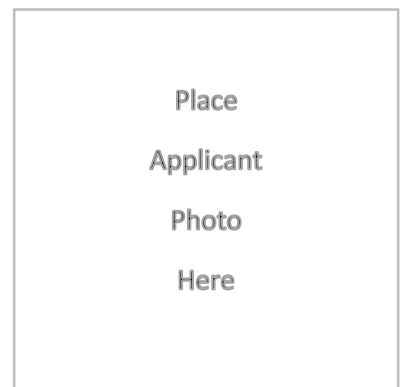
Do not sign until instructed to do so

Print Name: _____

Applicant's Signature: _____ Date: _____

Witnessing Deputy City Clerk or Notary Public

Deputy City Clerk's Signature: _____ Date: _____



Place
Applicant
Photo
Here

ATTENTION: PLEASE READ CAREFULLY BEFORE SIGNING

I hereby acknowledge, declare, and agree to the following:

EFFECT OF GRANTING PERMIT

LAMC 103.30 STATES THAT THE GRANTING OF A POLICE PERMIT BY THE Board is not to be considered as approving or condoning any act, conduct or condition of the applicant permittee committed or existing prior to the grant of the permit. The granting of a permit by the Board does not:

- (a) Relieve the applicant/permittee from obtaining all appropriate permits or approvals required by the City of Los Angeles, or state or federal law;
- (b) Relieve an applicant/permittee from compliance with all applicable local, state, and federal laws, including those related to building zoning, fire, and other public safety regulations;
- (c) Vest any development rights in the property or business; or
- (d) Relieve the permittee from complying with conditions imposed upon the operation of a business pursuant to a discretionary land use permit or a nuisance abatement proceeding. In case of a conflict, the more restrictive conditions shall control.

RESPONSIBILITY TO KNOW LAWS AND REGULATIONS

I am responsible for being familiar with and complying with the rules and regulations related to my police permit and application, including Chapter X and other sections of the Los Angeles Municipal Code such as those for zoning and business taxes. Copies of the municipal code and General Divisions for police regulated activities may be obtained from the following location and/or website:

City Clerk's office
200 North Spring Street, Room 360

or

<https://www.lacity.org/government/government-information/city-charter-rules-and-codes>

- Municipal Codes
- Chapter X
- Article 3

The Police Commission will begin investigation processes immediately after a complete application is submitted and fees are paid. Once the process has commenced, there will be no refunds. Should there be any issues with a language barrier, proper translations will be sought so that all information contained in the application and any related documents will be fully understood.

WHAT YOU NEED TO SUBMIT:

- Police Commission Application
- Live Scan
- Copy of Driver's License
- Employer Letter
- 2 x 2 Passport Photo
- Fee: \$ 209.00, subject to change

Please note applications will only be accepted if all the above-mentioned items are complete and ready to be submitted. Also, applications will not be accepted if varying personal or residence information is discovered. A valid California Driver's License containing current information must be presented at the time of application submission. To submit your application, please email all items listed above to pccpermitapplications@lapd.online.

For additional questions, please call the Los Angeles Police Commission, Police Permits Section at (213) 996-1210.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

*****FOLLOW INSTRUCTIONS BELOW*****

ORI: CA0194200 Type of Application: LICENSE CERT OR PERMIT
Job Title or Type of License, Certification or Permit: *****-> POLICE COMMISSION PERMIT

Agency Address Set Contributing Agency:

LAPD (CAPDLOS ANGELES)

Agency authorized to receive criminal history information

700 E. TEMPLE ST. STE B22

Street No. Street or P.O. Box

LOS ANGELES CA 91351

City State Zip Code

14923 ← **LAPD has many codes. Use this.**

Mail Code (five digit code assigned by DOJ)

Contact Name (Mandatory for all school submissions)

(213) 996-1210

Contact Telephone No.

*****ENTER INFORMATION FOR 1 – 11b*** Live Scan Operator: Be sure to enter all items.**

Name of Applicant: 1
(please print) Last First MI
Alias: 2 Last First 5 Driver's License No. 3
Date of Birth: 4 Sex: Male Female Misc. No. BIL- N/A
Height: 6 Weight: 7 Agency Billing Number
Eye Color: 8 Hair Color: 9 Misc No: _____
Place of Birth: 10 Home Address: 11a
City, State and Zip Code 11b
SOC: *****DO NOT ENTER SOCIAL SECURITY*****

*****MAKE TWO COPIES. GO TO LIVE SCAN CENTER.*****

Your Number: TRC# Level of Service DOJ FBI
OCA No. (Agency Identifying No.)
If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. Box

City State Zip Code

*****DO NOT USE THIS SECTION*****

Mail Code (five digit code assigned by DOJ)

() Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator
Transmitting Agency _____ ATI No. _____ Amount Collected/Billed

LAPD 02/2016

GIVE COPIES OF FORM:

ORIGINAL-Live Scan Operator;

SECOND COPY-SEND TO LAPD;

THIRD COPY-Keep

BCII 8016 (Rev 04/01)