CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
Application for Tear Gas Dealers Permit and/or Protective Tear Gas System Permit

Penal Code sections 23000, 23010 & 23015

PERMIT DESIRED:

- ☐ NEW Tear Gas Dealers Permit
- ☐ RENEWAL Tear Gas Dealers Permit
- ☐ NEW Protective Tear Gas System Permit
  - ☐ Financial Institution
  - ☐ Other Business
- ☐ RENEWAL Protective Tear Gas System Permit
  - ☐ Financial Institution
  - ☐ Other Business

APPLICANT INFORMATION:

Last Name _____ First Name _____ Middle Name _____ Date of Birth _____ State of Birth _____

CA Driver License Number _____ Hair Color _____ Eye Color _____ Height _____ Weight _____ M/F _____

Address _____ City _____ State _____ Zip Code _____ Telephone Number _____

BUSINESS/FINANCIAL INSTITUTION INFORMATION:

Business/Financial Institution Name _____

Address _____ City _____ State _____ Zip Code _____ Telephone Number _____

***For Protective Tear Gas Systems only*. Protective Tear Gas System will be installed by:**

Business Name _____ Tear Gas License Number _____ Address, City, State & Zip Code _____

SECURITY OFFICER INFORMATION:

Please Note: If a change of Security Officer occurs, an initial Application for Protective Tear Gas System Permit must be submitted, along with a copy of the LiveScan applicant submission (BCII 8016) or two completed fingerprint cards (BID-7), and a fee of $173.00. If the applicant is concurrently applying for additional Dangerous Weapons permits, the fee for this application is reduced to $22.00.

Last Name _____ First Name _____ Middle Name _____ Date of Birth _____ State of Birth _____

CA Driver License Number _____ Hair Color _____ Eye Color _____ Height _____ Weight _____ M/F _____

Address _____ City _____ State _____ Zip Code _____ Telephone Number _____

APPLICATION REQUIREMENTS:

- Remittance of $173.00 must accompany a new application. A $61.00 renewal fee must accompany a renewal application to renew an existing Tear Gas or Protective Tear Gas System Permit. Applicable fees shall be made payable to the Department of Justice through check or money order.

Tear Gas Permit Number to be renewed: _____ **Expiration Date:** _____

Protective Tear Gas System Permit Number to be renewed: _____ **Expiration Date:** _____

If the applicant is concurrently applying for additional Dangerous Weapons permits, the fee for this application is reduced to $22.00.

CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
Application for Tear Gas Dealers Permit and/or Protective Tear Gas System Permit

APPLICATION REQUIREMENTS (CONTINUED):

- Completed application, including your ATI number obtained from a copy of the Livescan Application Submission (BCIA 8016) or two completed fingerprint cards (BID-7).
- A copy of your California driver license or identification card. (Cal. Code Reg., tit. 11, § 4045.1)
- If your California driver license or identification card has "FEDERAL LIMITS APPLY" on the front, you shall also submit proof of lawful presence in the United States, in the form of one of the following documents:

  (1) Valid, unexpired U.S. passport or passport card.

  (2) Certified copy of U.S. birth certificate.

  (3) Certification of Birth Abroad (FS-545), Certification of Report of Birth (DS-1350) or Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240), issued by the U.S. Department of State.

  (4) Valid, unexpired foreign passport with valid U.S. immigrant visa and approved Record of Arrival/Departure (I-94) form.

  (5) Certified copy of birth certificate from a U.S. Territory.

  (6) Certificate of Naturalization or U.S. Citizenship.

  (7) Valid, unexpired Permanent Resident Card. (Cal. Code Reg., tit. 11, § 4045.1)

- If your name, as it appears on the "FEDERAL LIMITS APPLY" California driver license or identification card, differs from the name on the document(s) above, you shall also submit of one of the following certified documents:

  (1) An adoption document that contains your legal name as a result of the adoption.

  (2) A name change document that contains your legal name both before and, as a result of, the name change.

  (3) A marriage certificate.

  (4) A dissolution of marriage document that contains your legal name as a result of the court action.

  (5) A certificate, declaration or registration document verifying the formation of a domestic partnership.

  (6) A dissolution of domestic partnership document that contains your legal name as a result of the court action. (Cal. Code Reg., tit. 11, § 4045.1)

Complete all required information. Incomplete applications submitted without the proper fees and documentation will be returned without processing.

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

_____ _____

Signature *Date*

Mail completed application and appropriate fees to:
Department of Justice, Firearms Licensing and Permit Unit
P.O. Box 160367
Sacramento, CA 95816-0367
Telephone: (916) 210-2751

For DOJ Use Only
Transaction: Delete(1) Change(2) Change(3)

Permit No. _____

CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
Application for Tear Gas Dealers Permit and/or
Protective Tear Gas System Permit

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information: The Division of Law Enforcement in the Department of Justice collects the information on this form as authorized by Penal Code sections 23000, 23010, and 23015. The Division of Law Enforcement uses this information to establish grounds for the issuance of the permit indicated on this application. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at **https://oag.ca.gov/privacy-policy**.

Providing Personal Information: All the personal information requested in the form must be provided. If you fail to provide any of the required personal information, the unprocessed report will be returned to you for completion and resubmission.

Access to Your Information: You may review the records maintained by the Division of Law Enforcement in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information: In order to ensure you are not prohibited and establish grounds for the issuance of a permit indicated on this application, we may need to share the information you give us with entities as authorized in Penal Code section 11105. The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies when necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;

- To another government agency as required by state or federal law.

Contact Information: For questions about this notice or access to your records, you may contact the Staff Services Analyst in the Customer Support Center at (916) 210-2300, via email at **firearms.bureau@doj.ca.gov**, or by mail at P.O. Box 160367, Sacramento, CA 95816-0367.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0349400
ORI (Code assigned by DOJ)

Dangerous Weapons License/Permit(s)
Authorized Applicant Type

Dangerous Weapons
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Department of Justice / Bureau of Firearms
Agency Authorized to Receive Criminal Record Information

02878
Mail Code (five-digit code assigned by DOJ)

P.O. Box 160367
Street Address or P.O. Box

Firearms Permit Section
Contact Name (mandatory for all school submissions)

Sacramento
City

CA
State

95816-0367
ZIP Code

(916) 210-2751
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name

First Name Suffix

Sex ☐ Male ☐ Female

Date of Birth

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number N/A
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address
Street Address or P.O. Box

City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: N/A
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:
(Must provide proof of rejection)
Original ATI Number

Employer (Additional response for agencies specified by statute):

N/A
Employer Name

N/A
Street Address or P.O. Box

N/A
Telephone Number (optional)

N/A
City

State ZIP Code

N/A
Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID ATI Number Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at **http://oag.ca.gov/privacy-policy**.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at **keeperofrecords@doj.ca.gov**, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170

REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification[1] that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared. [2]
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record. [3]

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. [4]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at* https://www.fbi.gov/about-us/cjis/background-checks*.*

---

[1] Written notification includes electronic notification, but excludes oral notification
[2] https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement
[3] See 28 CFR 50.12(b)
[4] See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)