



## FIREARM DISCHARGE REPORT

### IMPORTANT INFORMATION

This form must be submitted whenever a firearm is discharged by a registrant while on duty, excluding any training exercise.

#### Information

Legal Entity Name:		DCJS ID Number: 11-
DBA / Trade as Name:		
Mailing Address (Street/Apt.#):		City, State, Zip:
Physical Address (if different than mailing address):		City, State, Zip:
Registrant's Name:		Registrant's DCJS ID Number:
Email Address:		
Date of Discharge (mm/dd/yy):	Location of Discharge:	

#### Circumstances of Firearm Discharge

#### Affirmation

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges.

Print Name: \_\_\_\_\_ Compliance Agent Phone: \_\_\_\_\_  
Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_  
Compliance Agent mm/dd/yy