

**COUNTY OF PLUMAS**  
**APPLICATION FOR LICENSE TO SELL FIREARMS**

BUSINESS NAME\_\_\_\_\_

PHYSICAL ADDRESS\_\_\_\_\_

APPLICANT'S NAME\_\_\_\_\_

LAST

FIRST

MIDDLE

/

/

/

/

/

SEX

HEIGHT

WEIGHT

EYES

HAIR

DATE OF BIRTH

/

/

PLACE OF BIRTH

DRIVERS LIC #

SOC.SECURITY #

RESIDENCE ADDRESS\_\_\_\_\_TELEPHONE #\_\_\_\_\_

BUSINESS MAILING \_\_\_\_\_TELEPHONE #\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES\_\_\_\_\_NO\_\_\_\_\_

ARE YOU ADDICTED TO THE USE OF NARCOTICS?

YES\_\_\_\_\_NO\_\_\_\_\_

ARE YOU A MENTAL PATIENT OR ON LEAVE OF  
ABSENCE FROM A MENTAL HOSPITAL?

YES\_\_\_\_\_NO\_\_\_\_\_

HAVE YOU EVER BEEN ADJUDICATED BY A COURT  
TO BE A DANGER TO OTHERS AS A RESULT OF A  
MENTAL DISORDER OR MENTAL ILLNESS?

YES\_\_\_\_\_NO\_\_\_\_\_

HAVE YOU APPLIED FOR A FEDERAL FIREARMS LICENSE? YES\_\_\_\_\_NO\_\_\_\_\_

IF YOU ALREADY POSSESS A FFL LICENSE, THE # IS\_\_\_\_\_

EXPIRATION DATE\_\_\_\_\_

CERTIFICATE OF ELIGIBILITY #\_\_\_\_\_EXPIRATION DATE\_\_\_\_\_

SELLERS PERMIT #\_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND UNDERSTAND  
THAT THE FALSIFICATION OF THIS INFORMATION IS A CRIME.

SIGNATURE\_\_\_\_\_DATE\_\_\_\_\_

**NOTE: PLEASE ATTACH COPIES OF YOUR FFL LICENSE, CERTIFICATE OF ELIGIBILITY AND  
YOUR SELLERS PERMIT. THANK YOU**