STATE OF CALIFORNIA BOF 1024 (Rev. 05/2017) DEPARTMENT OF JUSTICE PAGE 1 of 1



CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Designee Firearm Relinquishment Information



(Supplemental Form)

Firearm Relinquishment Information (Attach completed BOF 1025 Form(s) and/or Receipts)									
Firearm Type:			Serial Nu	mber:			Make:	Model	:
○ Handgun	Rifle	Shotgun							
Caliber:	Color:	Firearm Origin:	×.	Barrel Length:	○in.	Ca	ategory (i.e. semi-automatic	, single	-shot, bolt action):
					Cm.				
Describe Firearm (Identification Marks):									
Firearm Relinquished to:									
Law Enforcement Agency (LEA) ORI No., LEA Name, and Address Relinquished Firearm Date									
Licensed Firearm Dealer									Nonnquistica i ficariti bate
(CFD)	noum Boulor	nd Address	Address					Relinquished Firearm Date	
Print Name and Title of LEA Representative or CFD Salesperson/Associate Signature of LEA Representative or CFD Salesperson/Associate									
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Find that he and the of LEA Representative of CFD Salesperson/Associate Signature of LEA Representative of CFD Salesperson/Associate									