



Firearms Registration Renewal Application

Metropolitan Police Department



Firearms Registration Section · 300 Indiana Avenue, NW · Room 2169 · Washington, DC 20001 · 202-727-4275

Applicant Information:

Last Name, First Name, Middle Name

 Washington, DC

Home Street Address and ZIP Code

Date of Birth (mm/dd/yyyy)

Phone Number (Optional)

Email (Optional)

Please answer each of the following questions by marking the appropriate box.

1. Yes No Have you ever been convicted of a crime of violence, weapons offense, any other violation of the Firearms Control Regulation Act of 1975, or a felony in any jurisdiction (including any crime punishable by imprisonment for a term exceeding one year)?
2. Yes No Are you under indictment for a crime of violence or a weapons offense?
3. Yes No Have you been convicted within the past five years for a narcotics or dangerous drug offense, a threat to do bodily harm, or for assault?
4. Yes No Have you been acquitted of any criminal charge by reason of insanity or adjudicated a chronic alcoholic by any court within the past five years?
5. Yes No Have you been voluntarily or involuntarily committed to any mental hospital or institution within the past five years?
6. Yes No Do you suffer from any physical defect that would make it unsafe for you to possess and use a firearm safely and responsibly?
7. Yes No Have you been found negligent in any firearm related mishap causing death or injury to another person?
8. Yes No Have you provided accurate and true facts on this application for a Firearms Registration Renewal?
9. Yes No Have you ever been dishonorably discharged from the U.S. Armed Forces?
10. Yes No Were you a citizen of the United States who has renounced his or her citizenship?
11. Yes No Are you legally blind?

12. Yes No Have you been convicted of two or more violations for driving under the influence within the past five years?
13. Yes No Have you been the subject of a civil protection order within the past five years?
14. Yes No Have you been convicted of a misdemeanor intrafamily offense?

Registered Firearm Information:

For all previously registered firearms currently in your possession, list either the registration number(s) or, if you do not have the registration number, the make, model, and serial number(s) of the firearm. Additionally, mark the box designating the location of the firearm; if the firearm is not located at your Home Address, provide the address where the firearm is located. If you need more room, please use the Additional Registered Firearms form and attach it to this Application.

1.				
	<i>Registration number</i>	<i>Make</i>	<i>Model</i>	<i>Serial number</i>
	<input type="checkbox"/> <i>Located at Home Address</i>			
	<input type="checkbox"/> <i>Located at this address:</i> _____			
	<i>Washington, DC</i>	<i>ZIP Code</i>	_____	
2.				
	<i>Registration number</i>	<i>Make</i>	<i>Model</i>	<i>Serial number</i>
	<input type="checkbox"/> <i>Located at Home Address</i>			
	<input type="checkbox"/> <i>Located at this address:</i> _____			
	<i>Washington, DC</i>	<i>ZIP Code</i>	_____	
3.				
	<i>Registration number</i>	<i>Make</i>	<i>Model</i>	<i>Serial number</i>
	<input type="checkbox"/> <i>Located at Home Address</i>			
	<input type="checkbox"/> <i>Located at this address:</i> _____			
	<i>Washington, DC</i>	<i>ZIP Code</i>	_____	

Applicant's Affirmation:

I affirm under oath that I have provided accurate information on this document and I understand that making a false statement is punishable by criminal penalties under D.C. Official Code § 22-2405 (2013 Supp.).

Applicant's signature

Date