



### Gun Control and Firearms Registration

300 Indiana Avenue NW, Room 2169 // Washington, DC 20001 // TEL: (202) 727-4275 FAX: (202) 724-2410

## Statement of Eligibility

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Please answer each of the following questions by placing a  $\checkmark$  in the corresponding

1.  Yes  No Have you ever been convicted of a crime of violence, weapons offense, or violation of this Act?
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, threats 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 charge 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 which 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 human being?
8.  Yes  No Have you been convicted of a prostitution related offense, being a vagrant, operating a bawdy house, abrogating strikers or any felony?
9.  Yes  No Have you ever been dishonorably discharged from the Military?
10.  Yes  No Do you certify that you are not legally blind (your vision is not impaired more then 20/200 visual acuity in the better eye, or your vision cannot be improved to be better than 20/200, or you do not have a loss of vision due wholly or in part to impairment of field vision or to other factors which affect the usefulness of vision to a like a degree)? *(note: if the Firearms Registration Unit determines there are reasonable grounds to believe that the certification provided is not accurate, you may be required to obtain a certification from a licensed optometrist that you meet the vision requirement as stated above per 203(a)(11) of the Firearms Registration Act.)*
11.  Yes  No Have you provided accurate and true facts on your application for a Firearms Registration Certificate (P.D. 219 Form)?

**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. Code Title 22 Section 2405.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date