

Firearms Record Certification Request

Use this form to get firearm certification for yourself or a deceased individual. We offer the following:

- Concealed pistol license
- Firearm purchase history
- Firearms dealer license
- Alien firearms license

When completed, take this form and your photo ID to your local law enforcement agency.

Certifications requested:

🗆 Concealed pistol license 🛛 Firearm purchase history 🖓 Firearms dealer license 🖓 Alien firearm li
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Requestor information

PRINT or TYPE Name (Last, First, Middle)			Date of birth (mm/dd/yyyy)	
Address (Street address or PO Box)		City	State	ZIP code
10-digit daytime phone number	Email			

Deceased individual information

If requesting a deceased individual's record, you **must attach a death certificate and orders** showing the requestor is the executor of the estate.

PRINT or TYPE Name of deceased (Last, First, Middle)	Date of birth <i>(mm/dd/yyyy)</i>
Documents attached	

Death Certificate Executor of Estate

Law enforcement only							
Complete this section, then email this form, and any required documentation to: Firearms@dol.wa.gov							
PRINT or TYPE Agency name			Date (mm/dd/yyyy)				
Agency representative name	Title						
Address	City		ZIP code				
Email 10		10-digit phone	-digit phone number				
Requestor photo ID (choose one)							
Driver license/State ID #	☐ Other (military ID, passport, etc.)						
Notification		,					
Do you want us to notify you when this request is completed?							