

# Application to Restore Federal Firearms Rights

## Who is eligible

**People whose federal firearms rights were lost because of one or more of the below (see 18.U.S.C. §§ 921 & 922(g)):**

- Felony conviction, *i.e.*, a crime punishable by more than 1 year in prison
- Misdemeanor conviction for a domestic violence offense
- Dishonorable discharge from a military branch
- A finding of mental incompetency or commitment to a mental treatment facility
- Renouncement of U.S. citizenship

## How to start

**Gather all required documents before you submit. Applications that are complete before submission will typically be processed more quickly. The application starts on page 3.**

- **A completed application.**
- **Three character references from persons not related to you by blood or marriage.** The character references must have known you for at least 3 years, must be able to attest to certain facts about you, and must explicitly recommend that your federal firearms rights be restored.
- **Certified court records (if applicable).** These could include: indictment or information; plea agreement; factual basis for plea; probation documents prepared in anticipation of sentence; documents of when probation/supervision was terminated; the judgment of conviction; and other relevant court materials.
- **Mental health records (if applicable).** These could include: court or board order for commitment to a mental health facility; petition for commitment; medical and mental health records specifically addressing the diagnosis that allowed the commitment; any order finding restoration of mental competency and rights.
- **Criminal history of local arrest records (if applicable).**
- **Military conviction, discharge or dismissal paperwork (if applicable).** This could include: military service record (DD-214). charge sheet (DD-458); and final PROM order.
- **Proof of formal renouncement of citizenship (if applicable).** This renouncement must have been made before a diplomatic or consular officer of the United States in a foreign state, or before the Attorney General's designee in time of war. See 8 U.S.C. § 1481(a) (S) and (6).
- **Two fingerprint cards (Standard form FD 258) or equivalent electronic scan.**
- **Authorizations for release of information.**

**If you have a prior misdemeanor domestic violence conviction, in addition to the certified court records listed above, you should also include:**

- Official records that include factual information, such as police reports
- A record or report disclosing the identity of the victim and relation to applicant if not listed in other documentation.

### Helpful tips and document requirements

- You may submit no more than 20 attachments per application.
- Each attachment can be no more than 30 MB.
- The total application submission must be smaller than 600 MB
- File Types Allowed with E-Forms applications:
  - Word (.doc, .docx, docm)
  - PDF (Portable Document Format)
  - Excel (.xls, .xlsx, .xslm)
  - PowerPoint (.ppt, .pps, .pptx, .pptm)
  - JPG and JPEG (Joint Photographic Expert Group)
  - GIF (Graphics and Interchange Format)
- File Types Allowed with Paper/Electronic Applications
  - Fingerprints can be submitted electronically ONLY as an EFT file.
  - PDF

**Where can I find required documents:**

- Federal Court Documents: PACER (has fees): [uscourts.gov/court-records/find-case-pacer](https://uscourts.gov/court-records/find-case-pacer))
- D.C. Cases: [dccourts.gov/superior-court/cases-online](https://dccourts.gov/superior-court/cases-online)
- Military Records: U.S. Department of Veteran's Affairs: [va.gov/records/get-military-service-records/](https://va.gov/records/get-military-service-records/)
- State Documents: Contact local jurisdiction

# Application to Restore Federal Firearms Rights

## Instructions

**Answer questions as accurately and as fully as you can, to the best of your knowledge.**

Making any intentionally false statements of material facts may be a reason for denying your application. In addition, the knowing and willful falsification of a document submitted to the government may subject you to criminal punishment, including up to **five years' imprisonment** and a **\$250,000 fine**. See 78 U.S.C. §§ 7007 and 3577.

## Section 1

### A. Personal information

### A. Personal Information

Full name {Last, First, Middle}	Date of birth {MM/DD/YYYY}	SSN (999-99-9999)
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**If different, full name at time of conviction** (i.e. married, maiden or aliases)

Full name (Last, First, Middle)
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### Place of birth

Country	State	City
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### Country of citizenship

United States of America (U.S.A.)

☐ Yes ☐ No

If you are an alien, U.S.-issued alien or admission number (AR#, USCIS#, or 194#)

### Demographics

Sex (M/F)

☐ Male ☐ Female

☐ Hispanic or Latino (Yes/No)

☐ Yes ☐ No

Race (Check all that apply)

☐ Alaska Native or American Indian

☐ Asian

☐ Black or African American

☐ White

☐ Native Hawaiian/Pacific Islander

☐ Other \_\_\_\_\_

**Federal firearm license** (if applicable)

**FBI number** (if applicable)

License number	FBI number
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### Physical address and contact information

Street Address		Unit number
City	State	Zip code
Email	Phone (999-999-9999)	

### Mailing address (if different from physical address)

Street address		Unit number
City	State	Zip code

Email is the best way to contact you. If you do not have an email, you can share the email of a trusted person, or a phone number. If an attorney is helping you with this application, share their contact information.

### Attorney information

Name of attorney	
Attorney email	Attorney phone (999-999-9999)

## B. Locality history

### B. Locality History

You must provide a local arrest record for every place where you have lived in the last 25 years, or since the age of 18, whichever is longer. You must provide an arrest record for every entry, even if you have not been arrested in that locality. Include the city, state, and approximate amount of time you have lived there. If you were arrested in a place that you did not live, you can provide that information in section C. Any additional localities must be listed in the "additional locality" attachment at the end of the application.

I am attaching an arrest record in this locality ☐ Yes ☐ No

Approximate beginning month/year (MM/YYYY)	Approximate ending month/year (MM/YYYY)
City	State

I am attaching an arrest record in this locality ☐ Yes ☐ No

Approximate beginning month/year (MM/YYYY)	Approximate ending month/year (MM/YYYY)
City	State

I am attaching an arrest record in this locality ☐ Yes ☐ No

Approximate beginning month/year (MM/YYYY)	Approximate ending month/year (MM/YYYY)
City	State

### C. Local arrest records

### C. Local arrest records

Provide an arrest record from any locality where you have been arrested, but may not have lived. The arrest record can be a certificate from local law enforcement agency that details the charges, dates, and outcomes of each arrest. If you have already included a record in section B, you do not need to include again here. If you need additional space, use the "additional local arrests" attachment at the end of the application.

Arrest month/year (MM/YYYY)	City	State
Arrest month/year (MM/YYYY)	City	State
Arrest month/year (MM/YYYY)	City	State

☐ I have attached all local arrest records

## Section 2

### D. Current Status

Answer each question below:

Answer the following statement by checking either the "Yes" or "No" box:	Yes	No
I am a fugitive from justice	<input type="checkbox"/>	<input type="checkbox"/>
I am addicted to or unlawfully use controlled substances	<input type="checkbox"/>	<input type="checkbox"/>
I am currently under indictment	<input type="checkbox"/>	<input type="checkbox"/>
I am under a criminal or civil protective court order	<input type="checkbox"/>	<input type="checkbox"/>
I am in the United States unlawfully	<input type="checkbox"/>	<input type="checkbox"/>
I am currently required to register under the Sex Offender Registration and Notification Act (34 U.S.C. §§ 20911-20932)	<input type="checkbox"/>	<input type="checkbox"/>
I am currently serving a sentence of imprisonment for a conviction or for revocation of supervision	<input type="checkbox"/>	<input type="checkbox"/>
I am currently on supervision, parole, or probation for any offense	<input type="checkbox"/>	<input type="checkbox"/>

**E. Disclosures about past history**

**Answer each question below:**

Answer the following statement by checking either the "Yes" or "No" box	Yes	No
<p>I have been convicted of a felony offense that involved one of the following:</p> <ul style="list-style-type: none"> <li>• Death of another of person</li> <li>• Sexual abuse or sexual assault</li> <li>• Human trafficking</li> <li>• Kidnapping</li> <li>• Burglary</li> <li>• Robbery</li> <li>• Extortion</li> <li>• Carjacking</li> <li>• Arson</li> <li>• Assault or battery</li> <li>• Threats of violence</li> <li>• Racketeering (if at least one of the predicate racketeering acts is violent) or gang-related offenses</li> <li>• Stalking</li> <li>• Escape or rescue of a fugitive</li> <li>• Terrorism</li> <li>• Witness tampering</li> <li>• Intimate partner or domestic violence</li> <li>• A state or federal law of any felony offense involving conduct prohibited under 18 U.S.C. 922(g), (i), (j), (k), (l), (n), (o), (q), or (u), or 18 U.S.C. 932 and 933, except an individual convicted of violating 18 U.S.C. 922(g)(1) based on an underlying conviction that itself would not be subject to a presumptive denial under this part;</li> <li>• A state or federal law of any felony offense involving the manufacture, possession, transfer, or use of explosives;</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
I was convicted of a crime involving the commission or threat of acts of violence or the use of a weapon ("use" means using, brandishing, or discharging a firearm or explosive when committing any offense)	<input type="checkbox"/>	<input type="checkbox"/>
I was convicted for attempt, solicitation, or conspiracy of any of the above	<input type="checkbox"/>	<input type="checkbox"/>
I served any part of my sentence (including probation, parole, supervised release or other supervision, or revocation) for an offense involving drug trafficking, manufacture, sale, distribution, import, or export within the previous 10 years	<input type="checkbox"/>	<input type="checkbox"/>
I had a misdemeanor conviction for domestic violence within the previous 10 years	<input type="checkbox"/>	<input type="checkbox"/>
I have, within the last 5 years, been convicted of or served any part of a sentence (including probation, parole, supervised release, or other supervision) for any other offense under state or federal law punishable by imprisonment for a term exceeding one year (as defined in 18 U.S.C. 921(a)(20));	<input type="checkbox"/>	<input type="checkbox"/>
I have previously been denied the restoration of my federal firearms rights based on a disqualification under reasons 1-3 above or, within the previous 5 years, had an application denied for any other reason	<input type="checkbox"/>	<input type="checkbox"/>

## Section 3

### F. Reason for loss of federal firearm rights

**Federal felony conviction** ☐ Yes ☐ No

You must report all convictions for separate counts. For multiple counts under the same statute,

Date of judgment (MM/DD/YYYY)

Office of the Pardon Attorney

Sentence imposed

Expires: {MM/DD/YYYY}

you only need to list the statute once. List all additional convictions using "additional convictions" attachment at the end of the application.

You must attach a certified document from a relevant authority, citing the date of completion of your sentence, including any term of supervision.

Document	Date of completion of sentence (MM/DD/YYYY)
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### Other supporting documents I am submitting

Check all that apply. (You must include at least one document that contains factual information about the offense.)

☐ Judgment

☐ Indictment or information

☐

Presentence report

☐

Plea agreement and/or factual basis

☐

Other \_\_\_\_\_

### State felony conviction

☐ Yes ☐ No

You must report all convictions for separate counts. For multiple counts under the same statute, you only need to list the statute once. List all additional convictions using "additional convictions" attachment at the end of the application.

State of conviction	
Conviction statute	Court of conviction
Date of judgment (MM/DD/YYYY)	Sentence imposed

☐ You must attach a certified document from a relevant authority, citing the date of completion of your sentence, including any term of supervision.

Document	Date of completion of sentence (MM/DD/YYYY)
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### Other supporting documents I am submitting

Check all that apply. (You must include at least one document that contains factual information about the offense.)

☐ Judgment

☐ Indictment or information

☐

Presentence report

☐

Plea agreement and/or factual basis

☐

Other \_\_\_\_\_



**Misdemeanor domestic violence conviction** ☐ Yes ☐ No

You must report all convictions. You must attach all local arrest records. If you have more than one conviction, list all additional convictions using "additional convictions" attachment at the end of the application.

Conviction statute	Court of conviction
Date of judgment (MM/DD/YYYY)	Sentence imposed
Name of victim (Last, First, Middle)	Victim's relation to applicant

You must attach:

- ☐ 1. A certified document from a relevant authority, citing the date of completion of your sentence, including any term of supervision.
2. A record, report, or document that discloses the victim's identity and relationship to you

Document	Date of completion of sentence (MM/DD/YYYY)
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**Other supporting documents I am submitting**

Check all that apply. (You must include at least one document that contains factual information about the offense.)

- ☐ Judgment ☐ Presentence Report ☐ Other \_\_\_\_\_
- ☐ Indictment or information ☐ Plea Agreement and/or Factual Basis

Police Report or other factual information about the offense

**Dismissal or dishonorable discharge from a military branch** ☐ Yes ☐ No

Military Branch

- ☐ Army ☐ Navy ☐ Air Force
- ☐ Marine Corps ☐ Coast Guard ☐ Space Force

Date of discharge (MM/DD/YYYY)

**Military branch conviction** ☐ Yes ☐ No

You must report all convictions for separate counts. For multiple counts under the same statute, you only need to list the statute once. List all additional convictions using "additional convictions" attachment at the end of the application.

Article of conviction (U.C.M.J.)	Court-martial forum
Date sentence adjudged (MM/DD/YYYY)	Sentence imposed

☐ You must attach a certified document from a relevant authority, citing the date of completion of your sentence, including any term of supervision.

Document	Date of completion of sentence (MM/DD/YYYY)
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**Other supporting documents I am submitting**

Check all that apply. (You must include at least one document.)

- ☐ DD-214 ☐ DD-258 ☐ Other \_\_\_\_\_
- ☐ PROM order ☐ Report of the result of trial (RRoT)/Statement of trial results (STR) or equivalent court-martial record

**A finding of mental incompetency or commitment to a mental treatment facility** ☐ Yes ☐ No

You must report all findings of incompetency or commitments. For more than one finding or commitment, list additional commitments on "additional information" attachment at the end of the application.

Incompetency finding issued by	Date (MM/DD/YYYY)
Restoration finding issued by	Date (MM/DD/YYYY)

**Other supporting documents I am submitting**

Check all that apply. (You must include at least order of restoration)

- ☐ Court or board order for commitment to mental health facility ☐ Petition for commitment
- ☐ Order finding restoration of mental competency and rights ☐ Other \_\_\_\_\_
- ☐ Medical health records

**Renunciation of U.S. citizenship** ☐ Yes ☐ No

Renunciation accepted by	Date (MM/DD/YYYY)
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**Other supporting documents I am submitting**

Check all that apply.

- ☐ Consular document acknowledging renunciation ☐ Other \_\_\_\_\_

## Section 4

### G. Names of character references

List three references. References must be people not related to you by blood or marriage, who have known you for at least three years, and who are willing to make all affirmations included on the Character Reference Sheet.

	Name (Last, First, Middle)	Email Address	How do you know the reference
1			
2			
3			

### Character Reference 1

Full name (Last, First, Middle)		
Street Address		Unit number
City	State	Zip code
Email		Phone (999-999-9999)

On behalf of \_\_\_\_\_ I, certify that (check all that apply):  
Name of applicant

- ☐ I have known the applicant for over 3 years
- ☐ I am not related to the applicant by blood or marriage
- ☐ I have never been convicted in any court of a crime punishable by a term of imprisonment exceeding one year

**I further certify that to my knowledge, the applicant:**

- ☐ Has not committed any crime, other than traffic or other minor infractions, within the past five years
- ☐ Is not a regular user of illegal drugs
- ☐ Does not regularly abuse alcohol or other intoxicants
- ☐ Is not currently suffering from a mental health condition that would impair the applicant's judgment or behavior
- ☐ Is a person of good character and has a good reputation in the community
- ☐ Have not used violence or threatened to use violence against an person even if authorities were not notified
- ☐ Would not pose a danger to public safety if permitted to possess a firearm

☐ **I recommend that the applicant's federal firearms rights be restored.**

**Under penalty of perjury, I certify that the above information is true and correct to the best of my knowledge, information, and belief.**

Signature	Date (MM/DD/YYYY)
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## Character Reference 2

Full name (Last, First, Middle)		
Street Address		Unit number
City	State	Zip code
Email		Phone (999-999-9999)

On behalf of \_\_\_\_\_ I, certify that (check all that apply):  
Name of applicant

- ☐ I have known the applicant for over 3 years
- ☐ I am not related to the applicant by blood or marriage
- ☐ I have never been convicted in any court of a crime punishable by a term of imprisonment exceeding one year

**I further certify that to my knowledge, the applicant:**

- ☐ Has not committed any crime, other than traffic or other minor infractions, within the past five years
- ☐ Is not a regular user of illegal drugs
- ☐ Does not regularly abuse alcohol or other intoxicants
- ☐ Is not currently suffering from a mental health condition that would impair the applicant's judgment or behavior
- ☐ Is a person of good character and has a good reputation in the community
- ☐ Have not used violence or threatened to use violence against an person even if authorities were not notified
- ☐ Would not pose a danger to public safety if permitted to possess a firearm

☐ **I recommend that the applicant's federal firearms rights be restored.**

**Under penalty of perjury, I certify that the above information is true and correct to the best of my knowledge, information, and belief.**

Signature	Date (MM/DD/YYYY)
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### Character Reference 3

Full name (Last, First, Middle)		
Street Address		Unit number
City	State	Zip code
Email		Phone (999-999-9999)

On behalf of \_\_\_\_\_ I, certify that (check all that apply):  
Name of applicant

- ☐ I have known the applicant for over 3 years
- ☐ I am not related to the applicant by blood or marriage
- ☐ I have never been convicted in any court of a crime punishable by a term of imprisonment exceeding one year

**I further certify that to my knowledge, the applicant:**

- ☐ Has not committed any crime, other than traffic or other minor infractions, within the past five years
- ☐ Is not a regular user of illegal drugs
- ☐ Does not regularly abuse alcohol or other intoxicants
- ☐ Is not currently suffering from a mental health condition that would impair the applicant's judgment or behavior
- ☐ Is a person of good character and has a good reputation in the community
- ☐ Have not used violence or threatened to use violence against an person even if authorities were not notified
- ☐ Would not pose a danger to public safety if permitted to possess a firearm

☐ **I recommend that the applicant's federal firearms rights be restored.**

**Under penalty of perjury, I certify that the above information is true and correct to the best of my knowledge, information, and belief.**

Signature	Date (MM/DD/YYYY)
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## Section 5

### H. Acknowledgement of publication

**If granted, your name and the date of your rights were restored will be published in the Federal Register, see 18 U.S.C. § 925(c):**

- ☐ I understand that a notice of granting restoration of federal firearms rights will appear in the Federal Register if my application is granted.

### I. Certification and oath

**Under penalty of perjury, I certify that the answers I have provided above are true, complete, and correct to the best of my knowledge, information, and belief.**

- ☐ I authorize the Department of Justice, the Department of Defense, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my suitability for relief from disabilities under 18 U.S.C. § 925(c) and 28 C.F.R. § 107.1.

- ☐ I understand that fingerprint submission is a mandatory component of my application for relief from disabilities under 18 U.S.C. § 925(c) and 28 C.F.R. § 107.1, and I agree to provide my fingerprints to the Department of Justice, the Federal Bureau of Investigation, or any other authorized Federal agency for the purpose of conducting a criminal background check in connection with the evaluation of my application.

- ☐ I acknowledge and agree that, upon request, I shall execute any necessary authorizations permitting duly authorized representatives of the Department of Justice, the Department of Defense, or any other authorized Federal agency to access records and any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, courts, or other sources of information relevant to the evaluation of my application for relief from disabilities under 18 U.S.C. § 925(c) and 28 C.F.R. § 107.1.

- ☐ I acknowledge and agree that, upon request, I shall execute any necessary authorizations permitting any authorized representative of the Department of Justice, and any investigator, special agent, or other duly accredited representative of the Federal Bureau of Investigation, to obtain information from my mental health care provider(s) related to counseling or psychotherapy disclosed in connection with my application for relief from disabilities under 18 U.S.C. § 925(c) and 28 C.F.R. § 107.1.

- ☐ I affirm that I have notified, in writing, the chief law enforcement officer in my locality that I am seeking a restoration of my firearm rights.  
*You may use the form found at the end of the application to make this notification.*

Chief Law Enforcement Officer name (Last, First)		Locality
Title	Email	Date notified (MM/DD/YYYY)

Signature of applicant	Date (MM/DD/YYYY)
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**How will this information be used under the Privacy Act:**

The purpose for collecting this information is to determine your eligibility for relief under 78 U.S.C. § 925(c) and 28 C.F.R. § 107.1 to determine whether restoration of federal firearms rights should be issued. The routine uses of this information include making determinations on eligibility. Information will also be disclosed to other Federal, State, foreign, and local law enforcement and regulatory agencies to verify information provided on the application. **[TBD]**. You must provide the requested information to apply for a restoration of your rights. Failure to do so will result in a denial and an inability to process the application. Solicitation of your social security number is made pursuant to 78 U.S.C. § 925(c), and E.O. 9397, and it will be used to verify your identity. If granted, your name, address, court of conviction, and date of conviction will be published in the Federal Register, as required by 78 U.S.C. § 925(c). You must consent to this disclosure in order to apply for restoration of your federal firearms rights.

**Notices****Paperwork Reduction Act Notice**

This collection meets the requirements of 44 U.S.C. § 3507, as amended by the Paperwork Reduction Act of 1995. We estimate that it will take 60 minutes to read the instructions, gather the relevant materials, and answer questions on the form. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Attn: Office of the Pardon Attorney, U.S. Department of Justice, Attn: OMB Number xxxx-xxxx, RFK Building, 950 Pennsylvania Avenue, N.W., Washington, D.C. 20530. The OMB clearance number, xxxx-xxxx, is currently valid. PARDON may not collect this information, and you are not required to respond, unless this number is displayed.

**How long will it take to get a decision**

We strongly encourage applicants to use the online application at [www.justice.gov/FFRR](http://www.justice.gov/FFRR) to ensure the fastest processing times. Paper applications will take significantly longer to process. Once received, the process will follow the below steps, and it may take a lengthy period of time for a decision to be issued.

**Authorization for release of information**

**Carefully read this authorization, and if you agree, sign and date in ink.**

I authorize any investigator, special agent, or other duly accredited representative of the Department of Justice, the Department of Defense, and any other authorized Federal agency, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, courts, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history, arrest, conviction, including the presentence investigation report, if any, medical, psychiatric/psychological, health care, and financial and credit information.

I further authorize the Department of Justice, the Department of Defense, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my suitability for relief from disabilities under 18 U.S.C. § 925(c) and 28 C.F.R. § 107.1.

I authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary. I understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes of processing my application for relief from disabilities under 18 U.S.C. § 925(c) and 28 C.F.R. § 107.1, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. If not previously revoked in writing, this Authorization is valid and shall remain in effect so long as I am under consideration for relief from disabilities under 18 U.S.C. § 925(c) and 28 C.F.R. § 107.1.

Signature		Date (MM/DD/YYYY)
Full name (Last, First, Middle)	DOB (MM/DD/YYYY)	SSN (999-99-9999)
Street Address		Unit number
City	State	Zip code
Email		Phone (999-999-9999)

Authorization for release of medical information

**Carefully read this authorization, and if you agree, sign and date in ink.**

This is a release for the Department of Justice, any authorized representative of the Department of Justice, and any investigator, special agent, or other duly accredited representative of the Federal Bureau of Investigation to obtain from your mental health care practitioner(s) information relating to the mental health counseling/psychotherapy you have disclosed in connection with your application for relief from disabilities under 78

U.S.C. § 925(c) and 28 C.F.R § 107.1. Your signature below will allow the practitioner(s) to provide such information upon the request of any of the individuals listed above.

I am seeking relief from disabilities under 78 U.S.C. § 925(c) and 28 C.F.R § 107.1 and to facilitate the processing of my application for relief from disabilities, I hereby authorize the Department of Justice, any authorized representative of the Department of Justice, and any investigator, special agent, or other duly accredited representative of the Federal Bureau of Investigation to obtain from my mental health care practitioner(s) information concerning any diagnosis, prognosis, treatment or referral for treatment relating to, or arising out of, my participation in mental health counseling/psychotherapy from

\_\_\_\_\_to the present, including, without limiting the scope of the information, the nature, extent and duration of the condition(s) for which mental health counseling/psychotherapy was received, the effects of the condition(s), past or current treatment for the condition(s), and any prognosis for each.

I understand the information released pursuant to this Authorization for Release is for official use by the Federal Government for the purposes provided in connection with the processing of my application for relief from disabilities under 78 U.S.C. § 925(c) and 27 C.F.R.

§ 478.744, which may include redisclosure of the information to persons concerned with the process, and may be otherwise redisclosed by the Government only as authorized by law.

Copies of this Authorization that show my signature are as valid as the original Authorization signed by me. This Authorization is subject to revocation at any time except to the extent that the practitioner who is to make the disclosure or any person who is authorized to receive the information has already taken action in reliance on it. If not previously revoked in writing, this Authorization is valid and shall remain in effect so long as I am under consideration for relief from disabilities under 78 U.S.C. § 925(c) and 28 C.F.R § 107.1.

Signature		Date (MM/DD/YYYY)
Full name (Last, First, Middle)	DOB (MM/DD/YYYY)	SSN (999-99-9999)
Street Address		Unit number
City	State	Zip code

Email	Phone (999-999-9999)
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**Additional information: convictions**

**Additional conviction** ☐ Federal felony ☐ State felony ☐ Misdemeanor domestic violence

You must report all convictions for separate counts. For multiple counts under the same statute, you only need to list the statute once.

Statute of conviction	Court of conviction
Date of judgment (MM/DD/YYYY)	Sentence imposed

☐ You must attach a certified document from a relevant authority, citing the date of completion of your sentence, including any term of supervision.

Document	Date of completion of sentence (MM/DD/YYYY)
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**Other supporting documents I am submitting**

Check all that apply. (You must include at least one document that contains factual information about the offense)

☐ Judgment ☐ Presentence report ☐ Other \_\_\_\_\_  
☐ Indictment or information ☐ Plea agreement and/or factual basis

**Additional conviction**

☐ Federal felony ☐ State felony ☐ Misdemeanor domestic violence

You must report all convictions for separate counts. For multiple counts under the same statute, you only need to list the statute once.

Statute of conviction	Court of conviction
Date of judgment (MM/DD/YYYY)	Sentence imposed

☐ You must attach a certified document from a relevant authority, citing the date of completion of your sentence, including any term of supervision.

Document	Date of completion of sentence (MM/DD/YYYY)
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**Other supporting documents I am submitting**

Check all that apply. (You must include at least one document that contains factual information about the offense)

☐ Judgment ☐ Presentence report ☐ Other \_\_\_\_\_  
☐ Indictment or information ☐ Plea agreement and/or factual basis

Additional information: locality

I am attaching an arrest record in this locality ☐ Yes ☐ No

Approximate beginning month/year (MM/YYYY)	Approximate ending month/year (MM/YYYY)
City	State

I am attaching an arrest record in this locality ☐ Yes ☐ No

Approximate beginning month/year (MM/YYYY)	Approximate ending month/year (MM/YYYY)
City	State

I am attaching an arrest record in this locality ☐ Yes ☐ No

Approximate beginning month/year (MM/YYYY)	Approximate ending month/year (MM/YYYY)
City	State

I am attaching an arrest record in this locality ☐ Yes ☐ No

Approximate beginning month/year (MM/YYYY)	Approximate ending month/year (MM/YYYY)
City	State

Arrest month/year (MM/YYYY) City State

Additional information: local arrest records

Arrest month/year (MM/YYYY)	City	State
Arrest month/year (MM/YYYY)	City	State
Arrest month/year (MM/YYYY)	City	State
Arrest month/year (MM/YYYY)	City	State
Arrest month/year (MM/YYYY)	City	State

Local chief law enforcement officer notification

{Chief Law Enforcement Officer Name (Last, First)}  
{Title}  
{Locality}  
{Email}

{Date}

*I am currently under a federal disability that prevents me from possessing a firearm under federal law, 78 U.S.C. 922(g). This document serves as notice that I am applying to the United States Attorney General to restore my federal firearm rights under 78 USC 925c & 28 CFR 107.1. Though you are not required to do so, if you would like to either support or oppose the application, you may do so by (mechanism for submitting comments) within 14 days of the date of this notice. Include my full name [FULL NAME here] in the subject line of any correspondence.*

*The Department will provide you notice of the final decision. Also, note that if granted this relief, I will be allowed to possess a firearm under federal law, but this relief does not necessarily free me from any state disabilities that may remain.*

{Signature}  
{Full name (Last, First, Middle)}  
{Street address}  
{City, State Zip code}  
{Email address}  
{Phone number (999-999-9999)}