

VOID WHERE PROHIBITED BY LAW

License To Carry Concealed Pistol, Revolver, or Other Firearm
Within the State of California

Issued By:

Agency _____ Date of Issue _____
"ORI" _____ Expiration Date _____
Local Agency Number _____ CII# _____
☐ Initial
☐ Subsequent

SHERIFF Signature and Title of Issuing Officer CORONER

SECTION A

Name of Licensee _____
Residence Address _____
City _____ Zip _____ County _____
Business address _____ Occupation _____
Birthdate _____ Hgt _____ Wgt _____ Eye Color _____ Hair Color _____
LICENSE TYPE: Employ. ☐ Standard ☐ Judicial ☐ Reserve ☐ Custodial ☐

SECTION B – Description of Weapon(s)

Manufacturer Serial Number Caliber Model

Restrictions (if any) _____

RIGHT THUMB
PRINT

Signature of Licensee

FD 4501 (10/99)

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