

# AGENCY LETTERHEAD HERE

Date: \_\_\_\_\_  
(Must be typed)

## PROFORCE LAW ENFORCEMENT

655 Berry Street, Suite H  
Brea, CA 92821

Re: Firearm(s) Purchase Authorization in Lieu of Federal Form 4473 or 5300.35 and NICS  
Compliant Record Check of Officer

\_\_\_\_\_  
Officer Name (Must be typed)

### TO WHOM IT MAY CONCERN:

I hereby certify that the above-named law enforcement officer will use the requested firearm(s) for use in performing official duties. I further certify that a records check has been conducted on the law enforcement officer who is purchasing the firearm(s) and reveals no conviction for misdemeanor crimes of domestic violence.

Additionally, the above law enforcement officer is a full time compensated law enforcement officer (qualifies under California Penal Code 830.1).

Please Waive the 10-day waiting period per California Penal Code 12078

The firearm(s) to be purchased is/are listed below:

\_\_\_\_\_  
Firearm Description

\_\_\_\_\_  
Printed or Typed Name of Purchasing Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Printed or Typed Name of Person of Authority  
(See below)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- \*A) In a city or county police department the director of public safety or the chief or commissioner of police.**
- B) In a Sheriff's office, the sheriff.**
- C) In a State police or highway patrol department, the superintendent or the supervisor in charge of the office to which the state officer or employee is assigned.**
- D) In Federal law enforcement offices, the supervisor in charge of the office to which the state officer or employee is assigned.**

### **INSTRUCTIONS FOR FIREARMS WITH HICAP MAGAZINE LETTER ( also Assault Weapons )**

- 1) It is a requirement that the Authorization Letter be printed on official agency letterhead.**
- 2) Original signatures are required, no rubber stamps or copies are permitted**
- 3) Original documents are required when placing an order no fax copies will be accepted.**

Officers Name: \_\_\_\_\_

C/O Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency City, State, Zip Code: \_\_\_\_\_