

# FIREARM RELEASE REQUEST COMMONWEALTH OF PENNSYLVANIA

## A. REQUESTOR INFORMATION

Last Name		First Name		Middle Initial	Suffix
Address			City	State	Zip Code
Date of Birth (MM/DD/YYYY)	Social Security Number (Optional)		Race	Sex	Driver License Number
Home Phone Number (Include Area Code)		Mobile Phone Number (Include Area Code)		E-mail Address	

## B. ACKNOWLEDGMENT OF RETURN (Sign in the presence of Law Enforcement Officer/Designee)

**By signing below, I am confirming that I am taking possession of the firearm(s), other weapon(s), and/or ammunition referenced in the above Protection Order Number and that they are in the same condition as when they were relinquished. I agree I will not hold the Department or Agency identified below liable for any damage or reduction in value of the firearm(s), other weapon(s), or ammunition.**

*I also certify that I am not prohibited by state or federal law from possessing of a firearm for any reason. I understand that no relinquished item will be returned to me unless I successfully pass a Pennsylvania State Police background check via the Pennsylvania Instant Check System (PICS).*

**Requestor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Returning Officer/Designee signs below:**

Officer/Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

## C. DEPARTMENT/AGENCY USE ONLY

Department/Agency Name		Phone Number	ORI
Street Address	City	State	Zip Code
Processing Officer/Designee Name	Badge Number (If applicable)		Date
Protection Order Number	Date Order Issued	Date Order Canceled/Expired	
Date Relinquished	Department/Agency Incident/Case Number	Defendant Otherwise Prohibited? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PICS Check Conducted? <input type="checkbox"/> YES <input type="checkbox"/> NO	PICS Number	Firearms returned? If NO, explain in comments. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Receipt Provided? <input type="checkbox"/> YES <input type="checkbox"/> NO	Firearms Evidence in a Crime? <input type="checkbox"/> YES <input type="checkbox"/> NO	Partial Return? If YES, explain in comments. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Plaintiff Notified? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Plaintiff Notified	How Plaintiff Notified?	
Comments			