CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
PROHIBITED PERSONS RELINQUISHMENT FORM
INSTRUCTIONS

The Prohibited Persons Relinquishment Form (BOF 1022) is used to facilitate firearm relinquishment by persons who are rendered prohibited from accessing firearms as a result of a criminal conviction, juvenile adjudication, or as an express condition of probation, under Penal Code sections 29800, 29805, 29815, 29820, or 29825. Pursuant to Penal Code section 29810, a person who becomes subject to these prohibitions shall use the Prohibited Persons Relinquishment Form to verify that they have lawfully relinquished all firearms that they own, possess, or have under their custody or control within the timelines described below.

Please note: This form is intended for use in relinquishing firearms only. Any reference to "firearm" throughout this form includes any firearms, receivers, frames, and any item that may be used as or easily turned into a receiver or frame (see Penal Code section 16531). As a reminder, a person who becomes prohibited from owning or possessing firearms pursuant to Penal Code sections 29800, 29805, 29815, 29820, or 29825 **is also prohibited from owning or possessing ammunition, body armor, and ammunition feeding devices, including but not limited to magazines, clips, speed loaders, and autoloaders.**

A person subject to Penal Code sections 29800, 29805, 29815, 29820, or 29825 **shall relinquish all firearms through a designee**, which **must be** either a local law enforcement agency or a consenting third party who is not prohibited from possessing firearms under state or federal law. The designee **must** relinquish the prohibited person's firearms by surrendering the firearms to the control of a local law enforcement agency, selling the firearms to a licensed firearms dealer, or transferring the firearms for storage to a firearms dealer pursuant to Penal Code section 29830. The designee **must** relinquish the firearms within the following time periods:

> **Within 48 hours of the conviction or adjudication**, if the prohibited person remains out of custody during the 48-hour period following conviction or adjudication (Pen. Code § 29810, subd. (a)(1), (d))
> **Within 14 days of the conviction or adjudication**, if the prohibited person is in custody at any time during the 48-hour period following conviction or adjudication and is not subsequently released from custody during the 14 days following conviction (Pen. Code § 29810, subd. (a)(1), (e))
> **Within 5 days following the prohibited person's release from custody**, if the prohibited person is in custody at any time during the 48-hour period following conviction or adjudication and is subsequently released from custody during the 14 days following conviction or adjudication, if the prohibited person's designee has not yet taken temporary possession of each firearm to be relinquished (Pen. Code § 29810, subd. (a)(1), (e)(4))

The following form allows the prohibited person to comply with all of the requirements outlined in Penal Code section 29810.

Sections To Be Completed by Prohibited Person

If the prohibited person does not own, possess, or have custody or control of any firearms, including completed frames or receivers or items that may be used as or easily turned into a receiver or frame (see Penal Code section 16531), the prohibited person must complete Section A, and provide their signature, and date, in Section B.

If the prohibited person owns, possesses, or has custody or control of any firearms, including completed frames or receivers or items that may be used as or easily turned into a receiver or a frame (see Penal Code section 16531), the prohibited person must complete Sections A, B, C, D, E, and F.

Section A

Complete all personal information. This section is required to establish identity.

Section B

If you do not own, possess, or have custody or control of any firearms, including completed frames or receivers or items that may be used as or easily turned into a receiver or frame (see Penal Code section 16531) add your signature and date where indicated to complete the form. You do not need to complete any other sections of this form if you do not own, possess, or have custody or control of any firearms. Submit the completed form to your probation officer.

CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
PROHIBITED PERSONS RELINQUISHMENT FORM
INSTRUCTIONS

Section C

If you own, possess, or have under your custody or control any firearms, complete the firearm information and attach the Prohibited Person Supplemental Form (BOF 1023) to report additional firearms as needed. Provide all information about the firearm(s) to be relinquished. Include the current location of the firearm(s) and provide all reasonably available information about the location of the firearm(s) to enable the Power of Attorney (consenting third-party) or Law Enforcement Agency (LEA) Designee to locate the firearm(s).

Provide initials acknowledging the fine and cohabitant advisory.

Section D

If applicable, check "Yes" and provide court documentation verifying that the court approved a shortened or enlarged relinquishment period, or alternate relinquishment method. Otherwise, check "No."

Section E

Complete Power of Attorney (Consenting Third Party)/Law Enforcement Designee Assignment information.

Section F

Complete and sign the Prohibited Person Declaration section.

If applicable, have the Power of Attorney (consenting third-party or local law enforcement agency designee) complete sections G, H, and/or I.

Once the form has been completed by all necessary parties, the signed form must be submitted to the prohibited person's assigned Probation Officer. The form may be submitted to the Probation Officer by the prohibited person or the Power of Attorney Designee.

Sections To Be Completed by Power of Attorney Designee, If Designee is a Consenting Third-Party

Sections G and I are to be completed by the Power of Attorney Designee (consenting third-party), if the prohibited person designates a consenting third-party to relinquish the prohibited person's firearms.

Section G

Provide personal information to determine your identity. Sign and date the declaration.

Sections To Be Completed by Power of Attorney Designee, If Designee is a Law Enforcement Agency (LEA)

Sections H and I are to be completed by the Power of Attorney LEA Designee, if the prohibited person designates a local law enforcement agency to relinquish the prohibited person's firearms.

Section H

Provide law enforcement agency information, as well as the name and title of the law enforcement agency's representative that took possession of the firearm(s).

Section I

Provide firearm(s) information, date the firearm(s) was relinquished, and to whom it was relinquished. Attach the Designee Supplemental Form (BOF 1024) to report additional firearms as needed.

CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
PROHIBITED PERSONS RELINQUISHMENT FORM

Pursuant to Penal Code section 29810, a person who is prohibited from owning, possessing, and having custody or control of firearms following a criminal conviction, juvenile adjudication, or as an express condition of probation, under Penal Code sections 29800, 29805, 29815, 29820, or 29825 shall relinquish all firearms through a designee within the time periods set forth in subdivision (d) or (e) of Penal Code section 29810, by transferring the firearms to the control of a local law enforcement agency, selling the firearms to a licensed firearms dealer, or transferring the firearms for storage to a firearms dealer pursuant to section 29830.

A. Prohibited Person Information:

Last Name:	First Name:	Middle Name:

Physical Residence Address:	City:	State:	Zip Code:

Date of Birth (mm/dd/yyyy):	California Driver License or Identification No.:	Sex:	Phone No. (include area code):

B. Firearm(s) Declaration:

I hereby declare, under penalty of perjury under the laws of the State of California, that I do not own, possess, or have under my custody or control, any firearms, including completed or unfinished frames or receivers.

_____ _____
Signature Date

C. Firearm(s) Information (If additional space is needed to report additional firearm(s), use supplemental form (BOF 1023)):

_____ By initialing here, I understand that as a result of my conviction or adjudication, I am prohibited from owning, purchasing, receiving, possessing, or having under my custody or control, any firearms, ammunition, body armor, and ammunition feeding devices, and that I may face criminal charges if I violate this prohibition.
Initial

Firearm Type: ◯ Handgun ◯ Rifle ◯ Shotgun ◯ Other (Incl. Frame/Receiver)	Serial Number:	Make:	Model:

Caliber:	Color:	Firearm Origin:	Barrel Length:	◯ in. / ◯ cm.	Category (i.e. semi-automatic, single-shot, bolt action):

Describe Firearm (Identification Marks):

Current Location of Firearm (including address and other information about the firearm's specific location):

Case/Docket #: _____

CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
PROHIBITED PERSONS RELINQUISHMENT FORM

Firearm Type: ◯ Handgun ◯ Rifle ◯ Shotgun ◯ Other (Incl. Frame/Receiver)				Serial Number:	Make:	Model:
Caliber:	Color:	Firearm Origin:	Barrel Length: ◯ in. ◯ cm.	Category (i.e. semi-automatic, single-shot, bolt action):		
Describe Firearm (Identification Marks):						
Current Location of Firearm (including address and other information about the firearm's specific location):						

Firearm Type: ◯ Handgun ◯ Rifle ◯ Shotgun ◯ Other (Incl. Frame/Receiver)				Serial Number:	Make:	Model:
Caliber:	Color:	Firearm Origin:	Barrel Length: ◯ in. ◯ cm.	Category (i.e. semi-automatic, single-shot, bolt action):		
Describe Firearm (Identification Marks):						
Current Location of Firearm (including address and other information about the firearm's specific location):						

Firearm Type: ◯ Handgun ◯ Rifle ◯ Shotgun ◯ Other (Incl. Frame/Receiver)				Serial Number:	Make:	Model:
Caliber:	Color:	Firearm Origin:	Barrel Length: ◯ in. ◯ cm.	Category (i.e. semi-automatic, single-shot, bolt action):		
Describe Firearm (Identification Marks):						
Current Location of Firearm (including address and other information about the firearm's specific location):						

Firearm Type: ◯ Handgun ◯ Rifle ◯ Shotgun ◯ Other (Incl. Frame/Receiver)				Serial Number:	Make:	Model:
Caliber:	Color:	Firearm Origin:	Barrel Length: ◯ in. ◯ cm.	Category (i.e. semi-automatic, single-shot, bolt action):		
Describe Firearm (Identification Marks):						
Current Location of Firearm (including address and other information about the firearm's specific location):						

Case/Docket #: _____

CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
PROHIBITED PERSONS RELINQUISHMENT FORM

_____
Initial

By initialing here, I understand that failure to timely relinquish all firearms within the specified time period may lead to fines and/or criminal prosecution.

_____
Initial

By initialing here, I understand that any person who lives with me (cohabitant) and who owns firearms must securely store those firearms at all times the firearm is not being carried or readily controlled by the lawful owner or other lawful authorized user, in accordance with Penal Code section 25135. A firearm is "securely stored" if it is maintained within, locked by, or disabled using a secure gun safe or a certified firearm safety device, such as a cable or trigger lock, listed on the Department of Justice's roster of firearm safety devices certified for sale. IF a cohabitant fails to securely store a firearm in accordance with these requirements or otherwise allows you to access their firearms while you are prohibited from doing so, they may face criminal penalties.

D. Court Authorized Exception(s):

☐ Yes ☐ No Pursuant to Penal Code section 29810, subdivision (f), the court has for good cause approved a shortened or enlarged relinquishment time period or has allowed for an alternative method for relinquishment (If checked "yes," attach court documentation).

E. Power of Attorney (Consenting Third-Party)/Law Enforcement Designee Assignment:

I, _____, hereby designate _____
Printed Name of Prohibited Person — Printed Name of Power of Attorney/LEA Designee

to have Power of Attorney for the purpose of transferring or disposing of my firearm(s).

F. Prohibited Person Declaration:

I hereby declare, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct. I understand that I, as prohibited person, directly and/or through my designee, am obligated to submit a completed Prohibited Persons Relinquishment Form (BOF 1022) to my assigned probation officer within the time period specified in Penal Code section 29810, subdivision (d) or (e).

☐ I was not in law enforcement custody at any time within the 48-hour period following conviction and understand my designee shall dispose of any firearms I own, possess, or have in my custody or control **within 48 hours of my conviction.** (Pen. Code, § 29810, subd. (d).)

☐ I was in law enforcement custody at any point within the 48-hour period following conviction or adjudication and understand my designee shall dispose of any firearms I own, possess, or have in my custody or control **within 14 days of my conviction or adjudication, or within 5 days following my release from custody if** I am or have been released from custody during the 14 days following conviction or adjudication and a designee has not yet taken temporary possession of each firearm to be relinquished**.** (Pen. Code, § 29810, subd. (e).)

_____ _____
Signature — Date

Case/Docket #: _____

CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
PROHIBITED PERSONS RELINQUISHMENT FORM

G. Power of Attorney Designee (Consenting Third-Party):

Last Name:	First Name:	Middle Name:

Physical Residence Address:	City:	State:	Zip Code:

Date of Birth (mm/dd/yyyy):	California Driver License or Identification No.:	Sex:	Phone No. (include area code):

I, _____, hereby consent to accept appointment as Power of Attorney for the sole purpose of transferring
Transferring Printed Name of Power of Attorney Designee

or disposing firearms on behalf of _____, the owner or possessor of the firearm(s).
Printed Name of Prohibited Person

By consenting to accept appointment as Power of Attorney, I acknowledge the following:
I understand that it is my legal responsibility to carry out one of the following actions on behalf of the prohibited person: surrender the firearm(s) to the control of a local law enforcement agency, sell the firearm(s) to a licensed firearms dealer, or transfer the firearm(s) to a dealer pursuant to Penal Code section 29830.

I understand that I, the designee, shall relinquish these firearm(s) within 48 hours of when the prohibited person was convicted or adjudicated if the prohibited person remains out of law enforcement custody during that 48-hour period, or within 14 days of when the prohibited person was convicted, if the prohibited person remains in law enforcement custody during the 48-hour period following the conviction or adjudication, or within 5 days after the prohibited person's release from custody if the prohibited person remains in law enforcement custody during the 48-hour period following conviction or adjudication but is subsequently released from custody during the 14 days following conviction or adjudication.

I understand that I, or the prohibited person, am obligated to submit this completed Prohibited Persons Relinquishment Form (BOF 1022) to the prohibited person's assigned probation officer within these time periods, as specified in Penal Code Section 29810, subdivision (d) and (e).

I understand that on section I of this form, I shall record the date each firearm was relinquished and the name of the party to whom it was relinquished, and I will attach corresponding receipts or the optional Firearm Disposition Receipt Form (BOF 1025) from the law enforcement agency or licensed firearms dealer who takes possession of the relinquished firearm(s).

I declare under penalty of perjury under the laws of the State of California that I, to the best of my knowledge, am not prohibited by state or federal law from possessing firearms.

_____ _____
Signature Date

H. Power of Attorney Designee (Law Enforcement Agency):

ORI Number:	LEA Name:

Street Address:	City:	State:	Zip Code:	Phone Number:

_____ _____ _____
Printed Name of LEA Representative/Title Signature Date

Case/Docket #: _____

CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
PROHIBITED PERSONS RELINQUISHMENT FORM

I. Firearm Relinquishment Information (If more space is needed to report additional firearms, use supplemental form (BOF 1024).

Remember to attach completed BOF 1025 form(s) and/or receipts from the law enforcement officer or licensed firearms dealer who takes possession of the relinquished firearms.

Firearm Type: ◯ Handgun ◯ Rifle ◯ Shotgun ◯ Other (Incl. Frame/Receiver)	Serial Number:	Make:	Model:

Caliber:	Color:	Firearm Origin:	Barrel Length:	◯ in. ◯ cm.	Category (i.e. semi-automatic, single-shot, bolt action):

Describe Firearm (Identification Marks):

Firearm Relinquished to:

☐ Law Enforcement Agency (LEA) _____ ORI No., LEA Name, and Address _____ Relinquished Firearm Date

☐ Licensed Firearm Dealer (CFD) _____ CFD No., Name, and Address _____ Relinquished Firearm Date

_____ Printed Name and Title of LEA Representative or CFD Salesperson/Associate

_____ Signature of LEA Representative or CFD Salesperson/Associate

Firearm Type: ◯ Handgun ◯ Rifle ◯ Shotgun ◯ Other (Incl. Frame/Receiver)	Serial Number:	Make:	Model:

Caliber:	Color:	Firearm Origin:	Barrel Length:	◯ in. ◯ cm.	Category (i.e. semi-automatic, single-shot, bolt action):

Describe Firearm (Identification Marks):

Firearm Relinquished to:

☐ Law Enforcement Agency (LEA) _____ ORI No., LEA Name, and Address _____ Relinquished Firearm Date

☐ Licensed Firearm Dealer (CFD) _____ CFD No., Name, and Address _____ Relinquished Firearm Date

_____ Printed Name and Title of LEA Representative or CFD Salesperson/Associate

_____ Signature of LEA Representative or CFD Salesperson/Associate

Firearm Type: ◯ Handgun ◯ Rifle ◯ Shotgun ◯ Other (Incl. Frame/Receiver)	Serial Number:	Make:	Model:

Caliber:	Color:	Firearm Origin:	Barrel Length:	◯ in. ◯ cm.	Category (i.e. semi-automatic, single-shot, bolt action):

Describe Firearm (Identification Marks):

Case/Docket #: _____

CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
PROHIBITED PERSONS RELINQUISHMENT FORM

Firearm Relinquished to:

☐ Law Enforcement Agency (LEA)

ORI No., LEA Name, and Address

Relinquished Firearm Date

☐ Licensed Firearm Dealer (CFD)

CFD No., Name, and Address

Relinquished Firearm Date

Printed Name and Title of LEA Representative or CFD Salesperson/Associate

Signature of LEA Representative or CFD Salesperson/Associate

Case/Docket #: _____