



Vero Beach Police Department

Disposition of Firearm

Instructions: Applicants please complete page #1 of this form only.

Section A – Completed by the Applicant

Applicant's Full Name <i>(Please print)</i>					
First Name		Middle Name <i>(Optional. If none, please leave blank)</i>		Last Name	
Current Residence <i>(No Post Office Box)</i>			City	County	State
Number and Street Address					Zip Code
Date of Birth		Place of Birth		Gender	
Month	Day	Year	U.S. City and State	Foreign Country	<input type="checkbox"/> Female
					<input type="checkbox"/> Male
Race <i>(Check one or more boxes)</i>			Ethnicity		Social Security Number <i>(SSN, optional. Numbers only.)</i>
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> Asian		<input type="checkbox"/> White or Caucasian		<input type="checkbox"/> Not Hispanic or Latino	
<input type="checkbox"/> Black or African American					Unique Personal Identification Number <i>(UPIN, optional. Numbers only.)</i>
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Firearm Reclaim Eligibility Questions

Are you an alien admitted to the United States under a nonimmigrant visa?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you are an alien admitted to the United States under a nonimmigrant visa, do you fall within any of the exceptions set forth in the instructions?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type(s) of Documentation Showing An Exception to the Nonimmigrant Visa Prohibition.				
What is your current State of residence?	What is your country of citizenship? <i>(List/check more than one, if applicable. If you are a citizen of the United States, proceed to question #.)</i>		If you are not a citizen of the United States, what is your U.S.-issued alien number or admission number?	
	<input type="checkbox"/> United States of America <input type="checkbox"/> Other <i>(Specify)</i>		A/AR –	
Have you ever been convicted in any court of a felony, or any other crime (as a juvenile or as an adult), for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been adjudicated mentally defective (which includes a determination by a court, board, commission, or other lawful authority that you are a danger to yourself or to others or are incompetent to manage your own affairs (OR) have you been committed to a mental institution?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted in any court of a misdemeanor crime of domestic violence?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section B – Completed by the Applicant

I Certify I Am The Individual Who Completed Section A.

Applicant's Signature	Date	Time

Section C – Completed by Criminal Justice Agency Employee

Type of Identification Provided by Applicant

Issuing Authority and Type of Identification	Number on Identification	Expiration Date of Identification (if any)		
		Month	Day	Year

Applicant's Residence on Identification (if different from provided in question ; No Post Office Box)

Number and Street Address	City	County	State	Zip Code
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Date the Applicant's identifying information in Section A was transmitted to the Florida Department of Law Enforcement Firearm Purchase Program:

Month	Day	Year
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The control number provided for Applicant was:

The response initially provided by the Florida Department of Law Enforcement Firearm Purchase examiner was:

- Approval
- Non-approval
- Cancelled
- Conditional Approval
- Conditional Non-approval
- Pending Non-approval

If initially response was "Conditional Non-approval" or "Pending Non-approval", the following response was received from the Florida Department of Law Enforcement Firearm Purchase Program:

- Approval _____ (date)
- Non-approval _____ (date)
- No resolution was provided within 3 business days. Firearm(s) NOT released. _____ (date)
- No resolution was provided within 3 business days. Firearm(s) released. _____ (date)

The name of the Florida Department of Law Enforcement Firearm Purchase Program examiner:

Agency Case Number:

Reclaimed Firearm(s)

Manufacturer	Model	Serial Number	Type	Caliber or Gauge

Total Number of Firearms being Reclaimed (Please handwrite by printing e.g., one, two, three, etc.)

Section D – Completed by Criminal Justice Agency Employee

The Agency Employee releasing The Firearm(s) Must Complete Questions - . For Denied/Cancelled Transactions, The Agency Employee Who Completed Section C Must Complete Questions - .

Criminal Justice Agent's Name (Please Print)	Criminal Justice Agent's Signature	Criminal Justice Agent's Title
Criminal Justice Agency Name Vero Beach Police Department	Criminal Justice Agency ORI FL0310300	Date Firearms Released