





## CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Dealer's Record of Sale (DROS) Worksheet



CFD No.:

DROS No.:

Firearm Information							
Make: (Colt, Remington, etc.)		Model: (Commander, 870, etc.)		Caliber(s):	Barrel Length:	Serial Number:	Other Number: (if different)
Firearm Type: <input type="checkbox"/> Long Gun <input type="checkbox"/> Handgun	If Long Gun: <input type="checkbox"/> Rifle <input type="checkbox"/> Other <input type="checkbox"/> Shotgun <input type="checkbox"/> Rifle/Shotgun Combo	Firearm Category: <input type="checkbox"/> Revolver <input type="checkbox"/> Semi-Auto <input type="checkbox"/> Bolt Action <input type="checkbox"/> Pump Action <input type="checkbox"/> Over/Under <input type="checkbox"/> Single Shot <input type="checkbox"/> Derringer <input type="checkbox"/> Lever Action <input type="checkbox"/> Carbine <input type="checkbox"/> Other: _____					
New Firearm: <input type="checkbox"/> Yes <input type="checkbox"/> No	Frame or Receiver Only: <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, is it a Federally Regulated Firearm Precursor Part? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dealer Comments:			
Firearm Origin: (USA, Italy, etc.)		Firearm Color: (Black, Silver, etc.)					
Penal Code 32000(b) Exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, provide Law Enforcement Agency Name:					
Firearm Safety Device Description and/or Comments:							

Transaction Information									
Transmission Date:		Transmission Time:		Delivery Date:		Delivery Time:		Gun Show Transaction <input type="checkbox"/> Yes <input type="checkbox"/> No	
Firearm Type: <input type="checkbox"/> Long Gun <input type="checkbox"/> Handgun	Transaction Type: (All but "Dealer Sale" cert-list exempt) <input type="checkbox"/> Dealer Sale <input type="checkbox"/> Loan <input type="checkbox"/> Curio/Relic/Olympic/Other Exempt <input type="checkbox"/> Pawn/Consignment Redemption <input type="checkbox"/> Private Party Transfer <input type="checkbox"/> Prohibited Temporary Storage Return <input type="checkbox"/> Peace Officer <input type="checkbox"/> Peace Officer Non-Roster Handgun Private Party Transfer								
30-Day Restriction Exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, explain:							
Age Exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, explain:							
If using Hunting License for Age Exemption, enter the following:		GO ID #:		Hunting License Number:		Valid from (date):		Valid to (date):	

Dealer Information			
Firearms Dealer Name:		Dealer Telephone Number:	
Firearms Dealer Address (including City, State, ZIP):			
Salesperson Printed Name:		Salesperson COE Number:	
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
Signature of Salesperson _____		Date _____	