

Signature:

10-1631 (12/07)

## **Civilian Firearms Safety**

Please Return To: Orange County Sheriff's Office Att: Sgt. Joe Moore Operational Services/Volunteer Unit 2500 West Colonial Drive Orlando, FL 32804 Tel. 407-254-7363

Today's Address: City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ Home Phone: \_\_\_\_ Mailing Address: Height: \_\_\_\_ Weight: \_\_\_\_ Eye Color: \_\_\_\_ Hair Color: \_\_\_\_ Social Security #:\_\_\_\_\_ Race: DOB:\_\_\_\_\_ Driver License #:\_\_\_\_\_ State Issued In:\_\_\_\_\_ Type of Weapon: Serial #: Employer Name: Work Phone: Ext. Pager/Cell: SPOUSE'S INFORMATION Name (Last, First, Middle): Address: City:\_\_\_\_\_ State:\_\_\_\_ Zip:\_\_\_\_ Home Phone:\_\_\_\_ EMERGENCY CONTACT Name: Relationship: Address: Phone: Work Phone:



Name

## **BACKGROUND** HISTORY SHEET

Please Return To: Orange County Sheriff's Office

Att: Sgt. Joe Moore
Operational Services/Volunteer Unit
2500 West Colonial Drive

Today's

Orlando, FL 32804 Tel. 407-254-7363

Please print/type in black all required information. Enter information above the dotted line only.

(Last, First, Middle):		Date:				
Please list all other n	ames you have	used. (Maiden Na	me, Marriage Na	ames, Etc.)		
1.			_ 3			
2			4			
Social Security #:			Sex:	Race:	DOB:	
Driver License #:						
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FCIC	Neg □	10-27 🗖	Checked by:_			
NCIC	Neg □	10-27 🗖	Checked by:_			
Local Video	Neg □	10-27 🗖	Checked by:_			
Criminal History	Yes 🗖	No□	Checl	ked by:		
Driver's License	Valid □	Invalid□	Checked by:_			
Driver's License Typ	e:					
Driver's License Exp	oiration:					
Driver's License Che	eck By:					
Witness File:						