

EMMETT POLICE DEPARTMENT

501 E. Main Street – Emmett, ID 83617 Fax: 208-365-6062 Phone: 208-365-6055 Chief Steve Kunka

REQUEST FOR RELEASE AND AFFIDAVIT OF QUALIFICATION TO ACCEPT RETURN OF A FIREARM

State	of <u>Idaho</u>	_)		EPD Case #			
Count	ty of <u>GEM</u>) ss.					
Departi propert	ment's Property any y and may not be tee eligibility to r	nd Evidence e used to tr	e Unit in an attempt to redeem the firearm. cansfer a firearm or to prove ownership	is in the custody or control of the Emmett Police This form exists only as an official claim of said of a firearm. Submission of this form does not Department. <u>Firearms will only be released by</u>			
I,			, BY MY NOTARIZED SI	GNATURE ON PAGE 2 OF THIS			
FORM	I, SWEAR, DE	EPOSE A	ND SAY AS FOLLOWS:				
1.	My true legal name is; although I have also used the						
	name(s)			•			
2.	. My true date of birth is						
3.	My true social security number is						
4.	My place of birth is						
5.	I have lived in the state(s) of						
6.	I have <u>NOT</u> been convicted, or received a withheld judgment, for any felony, nor am I currently						
	charged or under indictment for any felony in any state of the United States.						
7.	I currently res	I currently reside at:					
8.	My current phone number is:						
9.			, the Emmett Police Department				
	(location)			the following weapon(s) described as:			
	1		Serial Number				
	2		Serial Number				
	3		Serial Number				
	4		Serial Number				
	5		Serial Number				

- 10. I am the lawful owner of the weapon(s) described above in paragraph 9, above.
- 11. I can provide documentation as to proof of ownership of the weapon(s) described above in paragraph 9, above.
- 12. I am not a fugitive from justice.
- 13. I am not an unlawful user of, or addicted to, any controlled substance as defined in section 102 of the Controlled Standards Act (21 U.S.C. 802), such as cocaine, marijuana, and narcotics.
- 14. I am not suffering from any mental illness, have not been adjudicated as mentally defective and I have never been committed to a mental institution.
- 15. I do not have a current Domestic Violence Protection Order entered against me.
- 16. I understand if I should sell, transfer, give, or in any way allow a prohibited person under 18 U.S.C. 922(d) to obtain ownership, control, or possession of the weapon(s) described above in paragraph 7, above, I could face criminal liability under both state and federal law.
- 17. I understand any false statement made in this affidavit would constitute perjury, a felony punishable by imprisonment in an Idaho State Correctional Institution for not less than one (1) year and not more than fourteen (14) years.

DATED this _	day of		
		Signature of Affiant SIGNATURE	MUST BE NOTARIZED
On this	day of	20,	personally
* *	•	n the basis of satisfactory evidence to be wledged that he or she executed the same same and the same same are the same same same same same same same sam	•
		Notary Public	<u> </u>

Commission Expires_____