



RELIEF FROM DISABILITY FORM

*****Attach court document to form*****

Submitting court:

Applicant Name _____

Applicant DOB _____

Applicant SSN _____

Arrest(s) or conviction(s) causing the disability

Case number(s) and jurisdiction(s) causing the disability

Disposition(s) _____

Granted firearm disability pursuant to section _____

Submitted by:

Phone # _____

Fax # _____

E-mail address _____