

**License To Carry Concealed Pistol, Revolver, or Other Firearm
Within the State of California**

Issued By:

Agency _____ Date of Issue _____
"ORI" _____ Expiration Date _____
Local Agency Number _____ CII # _____
 Initial _____
 Subsequent _____ Signature and Title of Issuing Office _____

SECTION A

Name of Licensee _____
Residence Address _____
City _____ Zip _____ County _____
Business Address _____ Occupation _____
Birthdate _____ Hgt. _____ Wgt. _____ Eye Color _____ Hair Color _____
LICENSETYPE Employ Standard Judicial Reserve Custodial

SECTION B - Description of Weapon(s)

Manufacturer	Serial Number	Caliber	Model

Restrictions (if any) _____

**RIGHT THUMB
PRINT**

Signature of Licensee _____

Photo (optional)



FD 4501 (10/99)