



COMMONWEALTH OF VIRGINIA
Department of Criminal Justice Services

P.O. Box 1300 • Richmond, VA 23218
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Status Hotline
(804) 786-1132
1-877-9STATUS

FIREARM DISCHARGE REPORT

IMPORTANT INFORMATION

This form must be submitted whenever a firearm is discharged by a registrant while on duty, excluding any training exercise.

Information

Legal Entity Name:		DCJS ID Number: 11-
DBA / Trade as Name:		
Mailing Address (Street/Apt.#):	City, State, Zip:	
Physical Address (if different than mailing address):	City, State, Zip:	
Registrant's Name:	Registrant's SSN or DCJS ID Number:	
Email Address:		
Date of Discharge (mm/dd/yy):	Location of Discharge:	

Circumstances of Firearm Discharge

Large empty text area for describing the circumstances of the firearm discharge.

Affirmation

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges.

Print Name: _____ Compliance Agent Phone: _____
Signature Required: _____ Date: _____
Compliance Agent mm/dd/yy