Boise City Police Department 333 N. Mark Stall Place		DR # :	
Boise, Idaho 83704		CASE #:	
RETU SEIZI	HE MATTER OF THE) JRN OF WEAPONS) ED OR OBTAINED BY THE) E CITY POLICE DEPARTMENT)		
STAT	ΈΟF IDAHO)		
: ss. COUNTY OF ADA)			
	COMES NOW	(your name), who after first	
	being duly sworn, affirms, swears under oath, and says	:	
1.	That my true legal name is		
2.	I have previously used the name(s) of:		
	(if none, write N/	/A)	
3.	That my true date of birth is	(month, day, year)	
4.	That my true Social Security Number is		
5.	That my place of birth is in the city of	, in the state of	
	, in the country of	·	
6.	That my driver's license/identification card number is_	in the state of	
	·		
7.	That I currently live in the state of:		
8.	That I have previously lived in the state(s) of:		
	(if none, write N/	/A)	

DR # : _____

CASE #:_____

9.	That the Boise City Police Department has possession of the following firearms, ammunition,		
	and firearm accessories described as:		
10.	That (select one) I am / I am not the owner of the weapon(s) described in #9 above. (If you are not the owner of the weapons, write "N/A" in #11 below and go to #12.)		
11.	That I purchased the weapon(s) described in #9 on (date)		
	from (name of person or business)		
12.	That I have personal knowledge that the owner of the weapon(s) described in #9 is:		
	(list who owns the weapons if they're not yours; if the weapons belong to you write "N/A")		
13.	That I (select one) can / cannot provide documentation as to proof of ownership of the		
	weapon(s) described in #9.		
14.	That I have never been convicted of or received a withheld judgment for a crime punishable by		
	imprisonment for a term exceeding one year, whether or not a sentence has been imposed.		
15.	That I am not currently charged with or under indictment or information in ANY court for a crime		
	punishable by imprisonment for a term exceeding one year, whether or not sentence has been imposed.		
16.	That I am not a fugitive from justice.		
17.	That I do not have any outstanding warrants for my arrest in any state or in any foreign nation.		

DR # : _____

CASE #:_____

- That I am not an unlawful user of or addicted to any controlled substance as defined in section 102 of the Controlled Substances Act (21 U.S.C. §802).
- That I have not been convicted of Possession of a Controlled Substance (felony or misdemeanor) within the last year.
- 20. That I have not been convicted of Possession of Drug Paraphernalia within the last year.
- 21. That I have not been convicted of Driving While Under the Influence of Drugs (prescription or illegal) within the last year.
- 22. That I am not currently suffering from any mental illness, have not been adjudicated as a mental defective, and have never been committed to a mental institution.
- 23. That I am not present in the United States illegally or unlawfully, nor do I meet any of the prohibiting factors under 21 U.S.C. §922 pertaining to nonimmigrant visas.
- 24. That I have not been discharged from the Armed Forces of the United States under dishonorable conditions.
- 25. That I do not have a current Domestic Violence Restraining Order or civil Protection Order entered against me in any state.
- 26. That I have never been convicted of a violence-related offense that would make it unlawful for me to possess a firearm under Federal or Idaho state law.
- 27. That I have no current Orders from any judge in any state prohibiting me from possessing a firearm.
- 28. That I am otherwise legally permitted to possess a firearm under both Federal and Idaho state law.
- 29. That I understand any false statements made in this Affidavit would constitute perjury, a felony punishable by imprisonment in the Idaho State correctional institution for not less than one (1) year and not more than fourteen (14) years.
- 30. That I have read and responded to each of the above statements, which are made by me, and which are COMPLETE, ACCURATE, AND TRUE to the best of my knowledge.

DR # :	
$D \Pi \pi$.	

CASE #:_____

FURTHER YOUR AFFIANT SAYETH NAUGHT

DATED this _____ day of ______, 20_____

Your signature (in front of notary)

Your printed name

Address

City, State, Zip

Phone number (with area code)

NOTARY

STATE OF______) : ss. County of ______)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20___.

In witness thereof, I have set my hand and affixed my official seal.

Notary Public for _____(State)

Residing at _____(City, State)

My commission expires: _____

(SEAL)

FIREARM AFFIDAVIT Page **4** of **4**