



**RIVERSIDE COUNTY DISTRICT ATTORNEY'S OFFICE
BUREAU OF INVESTIGATIONS**

RETIREE PERSONAL AND WEAPON INFORMATION

Complete the following personal information.

PERSONAL INFORMATION		
Last Name *	First Name *	MI
Address *		
City *	State *	Zip Code *
Contact Phone Number *	Additional Phone Number	Email Address

Complete the following weapon information. **Only list weapons authorized by the Riverside County District Attorney's Office to carry concealed.**

WEAPON INFORMATION			
	Make/Model *	Caliber *	Serial Number *
1.			
2.			
3.			
4.			
5.			
6.			

Required fields *

I acknowledge and understand the aforementioned weapon(s) is the **only** weapon(s) authorized by the Riverside County District Attorney's Office to carry concealed.

Signature

Date