



# POLICE PERMIT RENEWAL APPLICATION

Mail to: P.O. BOX 121431, MS 735 SAN DIEGO, CA 92112-1431  
(619) 531-2250



PERMIT TYPE:

POLICE PERMIT NO:

EXPIRATION DATE:

Business Name:

Street Address:

City/State/Zip:

APPLICANT'S FULL NAME:

LAST

\*\*\*\*\*

FIRST

\*\*\*\*\*

MIDDLE

\*\*\*\*\*DQD:

TITLE:

SOLE OWNER

PARTNERSHIP

CORPORATION

LLC

RESIDENCE ADDRESS:

CITY & ZIP:

OTHER NAMES(S) USED:

EMAIL:

SSN:

RES PHN:

'BUS PHN:

""DRVR'S LICENSE/STATE:

/

RACE:

"SEX:

WEIGHT:

HEIGHT:

HAIR:

EYES:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Approved  
\_\_\_\_\_  
Denied

\_\_\_\_\_  
Reviewing Officer's Signature

\_\_\_\_\_  
Date