



**STATE OF IDAHO**  
COMMISSION OF PARDONS AND PAROLE

Brad Little  
Governor  
Ashley Dowell  
Executive Director

**FIREARM RIGHTS RESTORATION CHECKLIST**

*This checklist must accompany your firearm rights restoration application or your application will be returned.*

You must include **copies** of all police reports or a certification that the records are no longer available for each crime for which you are requesting restoration of your firearm rights. You must include **certified copies** of all sentencing documents from the Court for each crime for which you are requesting restoration of your firearm rights. If the court documents and police reports are not attached, your application will be returned to you.

Your firearm restoration application should include letters of recommendation, references and/or documentation that supports your requested firearm restoration. Please attach these documents to your completed application.

*All written material considered in the decision process, with the exception of the presentence investigation report, victim information, mental health records, criminal history information and medical records, will be submitted to the office of the Secretary of State and will be a matter of public record, pursuant to IDAPA 50.01.01.550.04.e.ii.*

Please check each step completed:

- Attached Certified Court documents for all crimes for which you are requesting restoration of your firearm rights.
- Attached Police Reports for all crimes for which you are requesting restoration of your firearm rights.
- Attached letters of recommendation or any additional information relevant to your application for restoration of your firearm rights.
- Included employment history since release from incarceration or supervision.
- Included residence history since release from incarceration or supervision.
- Included education, training and certifications you have received or engaged in since release from incarceration or supervision.



**Employment History** - Include all employment history since the date of your release from supervision and/or incarceration to the present.

Date Hired	End Date	Position	Reason for Leaving

**Residence Information**

Do you rent or own your home?  Rent  Own

Mailing Address:

Physical Address:

Telephone Number:

Message Number:

Email Address:

Please list your residence history since your release from supervision or incarceration to the present.

From	To	Address

Interests and Hobbies:

Education, Technical  
Training, and  
Certifications

Volunteer Activities,  
and Community  
Participation

**Concluding Statement**

Please explain why you are requesting restoration of your firearms rights. Your answer should be as detailed as possible:

Upon receipt of your firearm restoration application, eligible applications will be reviewed by the Commission. The Commissioners will review your application - and determine whether to grant or deny a hearing. The Commission may request an investigation completed by commission staff.

The Commission encourages your personal appearance at your scheduled firearm restoration hearing; however, if you are unable to attend, please advise the Commission in writing. You will be notified of the Commission's decision by mail to the address provided on this application, unless you update your address with the Commission.

**The Parole Commission will not be returning any documents submitted with your application.**

**Please note that the granting of your request to restore your firearm rights does not expunge information concerning the crime from your Idaho criminal history.**

Applicant's Signature:

Date: