

Please check each step completed:

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.

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.



Legal Name:

STATE OF IDAHO

COMMISSION OF PARDONS AND PAROLE

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RESTORATION OF FIREARMS RIGHTS APPLICATION

IDOC:

Name arrested un	nder or other names u	ised:		
Social Security N	Number:	Date of Birth:		
Occupation:				
Military history; disciplinary, enli discharge type an	stment dates,			
Marital Status:				
☐ Married	☐ Divorced ☐ V	Vidowed Separated Never Married	1	
Spouse's name:				
Complete Crimi	i <mark>nal History:</mark> Failur	☐ Yes ☐ No e to report accurate and complete information or parate sheet of paper if you have additional criticals.		
Date	County	Crime	Date Satisfied	

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 Infor	·mation		
	wn your home? [☐ Rent ☐ Own	
Mailing Address	s:		
Physical Addres	s:		
Telephone Num			
Message Number			
Email Address:			
present.			
From	То		Address
Interests and III.	hhiag		
Interests and Ho	obbles:		

Education, Technical Training, and Certifications	
Volunteer Activities, and Community Participation	
Concluding Statement Please explain why you possible:	are requesting restoration of your firearms rights. Your answer should be as detailed as

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 requires your personal appearance at your scheduled firearm restoration hearing. 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 graconcerning the crime fro	0 .	-	your	firearm	rights	does	not	expunge	inform	ation
Applicant's Signature:					Ι	Date:				