DR 7601 (10/31/25)
COLORADO DEPARTMENT OF REVENUE
PO BOX 17087
Denver CO 80217-0087
(303) 205-2989

Date Received

Employment Eligibility Check Request

Return this form to the Firearms Dealer Division by email to *dor_fddlicensing@state.co.us* or by mail to: Firearms Dealer Division PO BOX 17087 Denver CO 80217-0087 on or before the fingerprinting date scheduled for the person listed in Section I.

1. Is this form submitted for a: ◯ New (Pre-Hire) or ◯ Existing Employee or Responsible Person

2. Is this form submitted for a:

◯ Employee: "Employee" means: a person who, in the course of the person's duties, handles firearms, processes the sale, loan, or transfer of firearms, or otherwise has access to firearms.

or

◯ Responsible Person: "Responsible Person" means any individual possessing, directly or indirectly, the power to direct or cause the direction of the management, policies, and practices of the business, Corporation, Partnership, or Association insofar as they pertain to firearms.

Title

◯ Owner ◯ Store Manager ◯ Firearms/Sporting Goods Manager

◯ District Manager ◯ Corporate Compliance Officer

Section I - Employee or Responsible Person Information

Legal Last Name | Legal First Name | Legal Middle Initial

Gender ◯ M ◯ F ◯ X ◯ Prefer not to disclose

Ethnicity ◯ Hispanic or Latino ◯ Not Hispanic or Latino ◯ Prefer not to disclose

Race ◯ Asian ◯ Mixed Race ◯ Black ◯ Native American ◯ Caucasian

◯ Native Hawaiian/Pacific Islander ◯ Unknown ◯ Prefer not to disclose

Date of Birth (MM/DD/YY) | Social Security Number

Contact Information

Phone Number | Email Address

Associated Firearms Dealer Business Information

Start Date of Employment (MM/DD/YYYY)

Name of Business Owner and/or Manager

Business Name

State Firearms Dealer Permit Number (if known)

Business Address (include unit or apartment number)

City

State

ZIP Code

Phone Number

Email Address

Section II - Questions

1. Have you been convicted of an offense that prohibits you from possessing a weapon pursuant to section 18-12-108?..... ◯ Yes ◯ No

2. Have you been convicted of a misdemeanor offense described in section 24-33.5-424(3)(b.3) within five (5) years before the date of this employment application?..... ◯ Yes ◯ No

3. Are you prohibited from possessing a firearm pursuant to 18 U.S.C. sec. 922(g)?.... ◯ Yes ◯ No

4. Do you currently hold, or have you previously held, a valid Colorado Firearms Dealer Employee and/or Responsible Person authorization to work in a Firearms Dealer Business in Colorado?..... ◯ Yes ◯ No

5. Are you an owner or associated person in any other type of Colorado Firearms Dealer Business?..... ◯ Yes ◯ No

*If "Yes", indicate Business Name(s) and State Firearms Dealer Permit Number(s) (if known) below. Attach a separate sheet if additional space is needed:

Business Name

State Firearms Dealer Permit Number (if known)

Business Name

State Firearms Dealer Permit Number (if known)

Business Name

State Firearms Dealer Permit Number (if known)

Business Name

State Firearms Dealer Permit Number (if known)

Business Name

State Firearms Dealer Permit Number (if known)

6. Has training required by 18-12-406, C.R.S., been completed with a passing score of 70%?..... ◯ Yes ◯ No

If "Yes," please send your employer a copy of the most recent training completion certificate for their records.....

Completion Date

If "No," please be aware that the training must be completed within 30 days of your first day of work for the firearms dealer and annually thereafter. Except employees who a Firearms Dealer employs on July 1, 2025, shall complete the Employee's first training course no later than July 31, 2025, as required by 18-12-406(1)(c)(I), C.R.S., and a copy of the training completion certificate must be provided to your employer.

7. Have fingerprints been submitted to the Colorado Bureau of Investigation (CBI)? ◯ Yes ◯ No

Note that fingerprint-based criminal history record checks must be completed once every 3 years as required by 18-12-407(3)(h), C.R.S.

If "Yes" Provide a copy of the receipt and the date of submission here.....

Date Submitted

If "No" Note that this Employment Eligibility Check Request cannot be approved without the results of the CBI's criminal history record check.

Fingerprints must be taken and submitted to the Colorado Bureau of Investigation through a local law enforcement agency or a third-party vendor approved by the Colorado Bureau of Investigation. The currently approved Vendors are as follows:

IdentoGO - 2TFV1F

Appointment Scheduling Website: *https://uenroll.identogo.com*
Phone: 844-539-5539 (toll-free)
IdentoGO FAQs:
https://cbi.colorado.gov/sections/biometric-identification-and-records-unit/biometric-identification-and-records-unit-faqs

Colorado Fingerprinting - 8598FDEI

Appointment Scheduling Website: *https://www.coloradofingerprinting.com/cabs/*
Phone: 720-292-2722
833-224-2227 (toll free)

Local Law Enforcement Agencies - CONCJ8598

Section III - Oath Of Responsible Person or Employee

I am voluntarily submitting this Employment Eligibility Check Request to the Department under oath, with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to 18-5-114, C.R.S.

Printed Name

Electronic Signature

Date (MM/DD/YY)