

## Employment Eligibility Check Request

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

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Legal Last Name	Legal First Name	Legal Middle Initial
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Gender	M	F	X	Prefer not to disclose
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Ethnicity	Hispanic or Latino	Not Hispanic or Latino	Prefer not to disclose
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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
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### Contact Information

Phone Number	Email Address
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## 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

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|--|-----|----|
| 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. Update to: 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.

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.

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: <http://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**

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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)

