

Firearms Dealer State Permit Report of Changes

Section I - Applicant and Business Information

Business Information

Business Name

Doing Business As (if applicable)

State Firearms Dealer Permit Number

Business Phone Number

Business Email Address

Physical Address (include unit or apartment number)

City

County

State ZIP Code

Section II - Report Change(s)

Select the change(s) to be reported for your permit and complete the associated section(s) of this form.

Change of Primary Business Contact Information - Complete Section III

Change of Business Mailing Address - Complete Section IV

Removal of Responsible Person(s) and/or Employee(s) - Complete Section V

Change of Operating Hours - Complete Section VI

Change of Location - Complete Section VII

Transfer of Responsible Person or Employee Within a Company/Corporation - Complete Section VIII

Responsible Person or Employee Change of Legal Name - Complete Section IX

Section III - Change of Primary Business Contact Information

Please provide the new primary business contact information below.

Last Name

First Name

Phone Number

Email Address

Section IV - Change of Mailing Address

Please provide the new mailing address below.

Address (include unit or apartment number)

City

State ZIP Code

Section V - Removal of Responsible Person(s) and/or Employee(s)

Please provide the information below for the Responsible Person(s) and/or Employee(s) being removed from your permit.

Note - To add a new Responsible Person or Employee, please complete and submit a Form DR 7601 "Employment Eligibility Check Request."

1. Last Name	First Name	Middle Initial
2. Last Name	First Name	Middle Initial
3. Last Name	First Name	Middle Initial
4. Last Name	First Name	Middle Initial

Section VI - Change of Operating Hours

Please provide the new operating hours of the business below.

Operating Hours Are By Appointment Only

	From	AM	PM	To	AM	PM	
Monday	From			To			Closed
Tuesday	From	AM	PM	To	AM	PM	Closed
Wednesday	From	AM	PM	To	AM	PM	Closed
Thursday	From	AM	PM	To	AM	PM	Closed
Friday	From	AM	PM	To	AM	PM	Closed
Saturday	From	AM	PM	To	AM	PM	Closed
Sunday		AM	PM		AM	PM	Closed

Section VII - Change of Location

Address of proposed new business premises.

New Physical Address (include unit or apartment number)

City

County

State ZIP Code

Section VIII - Transfer of Responsible Person or Employee Within a Company/Corporation

Please provide the information below for the Responsible Person or Employee being transferred and the business information of the current and new working location of this person.

Last Name

First Name

Middle Initial

Current Working Location Information

Business Name

Doing Business As (if applicable)

Physical Address (include unit or apartment number)

City

County

State ZIP Code

State Firearms Dealer Permit Number

New Working Location Information

Business Name

Doing Business As (if applicable)

Physical Address (include unit or apartment number)

City

County

State ZIP Code

State Firearms Dealer Permit Number

Effective Date of Transfer (MM/DD/YY)

Section IX - Responsible Person or Employee Change of Legal Name

Current First Name

Current Last Name

New Legal First Name

New Legal Last Name

Provide legal documentation showing the name change.

Section X - Affirmation

I, (please print full name) ,

as a Responsible Person for the Firearms Dealer State Permit holder, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Firearms Dealer State Permit Report of Changes statements, attachments, and supporting documents are true and correct to the best of my knowledge and belief.

I further affirm that all individuals named in this application as Responsible Persons or as Employees are not prohibited from employment pursuant to 18-12-407(1)(a)-(c), C.R.S.

I am voluntarily submitting this Firearms Dealer State Permit Report of Changes 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 of Responsible Person Submitting Report of Changes

Electronic Signature

Date (MM/DD/YY)