

Supplement B - Employee(s)

Use Supplement B form as an attachment to form DR 7600 "Firearms Dealer State Permit Application" to provide additional Employee(s) names and information.

Form DR 7601 Employment Eligibility Check Request form - Note that a separate form is required for each employee associated with your business.

Section I - Business Information

Legal Business Name

Doing Business As (if applicable)

Business Phone Number

Business Email Address

Physical Address (include unit or apartment number)

City

County

State ZIP Code

Section II - Employee(s)

List all Employees of the applicant not already listed in Section III of form DR 7600 "Firearms Dealer State Permit Application." Provide multiple Supplement B if necessary.

- **Must fill out DR 7601 "Employment Eligibility Check Request" for all Employees listed below.**
- List only Employees who in the course of the Employee's duties will handle firearms, process the sale, loan, or transfer of firearms, or otherwise have access to firearms.

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
5. Last Name	First Name	Middle Initial

6. Last Name	First Name	Middle Initial
7. Last Name	First Name	Middle Initial
8. Last Name	First Name	Middle Initial
9. Last Name	First Name	Middle Initial
10. Last Name	First Name	Middle Initial
11. Last Name	First Name	Middle Initial
12. Last Name	First Name	Middle Initial
13. Last Name	First Name	Middle Initial
14. Last Name	First Name	Middle Initial
15. Last Name	First Name	Middle Initial

Section III - Affirmation

Applicant affirms that each Employee shall submit a set of fingerprints for a fingerprint-based criminal history record check to the Colorado Bureau of Investigation (CBI).

Printed Name of Responsible Person Submitting Application

Electronic Signature

Date (MM/DD/YY)