

## Firearms Dealer Permit Report of Changes

### Section I - Applicant and Business Information

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#### 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)

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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 mailing address - Complete Section IV
- Removal of Responsible Person(s) and/or Employee(s) - Complete Section V
- Addition of Responsible Person(s) and/or Employee(s) - Complete Section VI
- Change of operating hours - Section VII

### Section III - Change of Primary Business Contact Information

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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.

Mailing Address (include unit or apartment number)

City State ZIP Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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## 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.

This person is a:  Employee; or a  Responsible Person

Last Name

First Name

FDD Number

This person is a:  Employee; or a  Responsible Person

Last Name

First Name

FDD Number

This person is a:  Employee; or a  Responsible Person

Last Name

First Name

FDD Number

This person is a:  Employee; or a  Responsible Person

Last Name

First Name

FDD Number

## Section VI - Addition of Responsible Person(s) and/or Employee(s)

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

**Note - To add new responsible person(s) and/or employee(s), please also complete and submit a Form DR 7601 "Firearms Dealer Employee and Responsible Person Employment Eligibility Check Request".**

This person is a:  Employee; or a  Responsible Person

Last Name

First Name

FDD Number (If Any)

This person is a:  Employee; or a  Responsible Person

Last Name

First Name

FDD Number (If Any)

This person is a:  Employee; or a  Responsible Person

Last Name

First Name

FDD Number (If Any)

This person is a:  Employee; or a  Responsible Person

Last Name

First Name

FDD Number (If Any)

**Section VII - Change of Operating Hours**

Please provide the new operating hours of the business below.  By Appointment Only

Monday	From <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	To <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Closed
Tuesday	From <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	To <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Closed
Wednesday	From <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	To <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Closed
Thursday	From <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	To <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Closed
Friday	From <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	To <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Closed
Saturday	From <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	To <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Closed
Sunday	From <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	To <input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Closed

**Section VIII - Affirmation**

I, (please print full name)

as a Responsible Person for the applicant business, state under penalty for offering a false instrument for recording pursuant to 18-5-114 C.R.S. that the entire Firearms Dealer 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 over the age of twenty-one years and are not prohibited from employment in a firearms business pursuant to 12-18-407(1)(a-c), C.R.S.

I am voluntarily submitting this report of changes to the Colorado Firearms Dealer Division 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 Application

Electronic Signature

Date (MM/DD/YY)



**This section is for Firearms Dealer Division Use Only**

Title

Electronic Signature

Date (MM/DD/YY)