

## Firearms Dealer Permit Voluntary Surrender

### Section I - Business Information

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Business Name (Permittee)

Doing Business As (if applicable)

FDD Permit Number

Physical Address (include unit or apartment number)

City County State ZIP Code

Business Phone Number

Business Email Address

### Section II - Surrender Attestation

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I, (please print full name)

as a Responsible Person for the above-named business, hereby voluntarily cease to be a State of Colorado Firearms Dealer Permittee ("Permittee") at the above-listed address.

Permittee hereby requests the Firearms Dealer Division ("Division") of the Colorado Department of Revenue, to immediately cancel, terminate, and void the above-listed Firearms Dealer Permit.

Permittee states that this document is submitted voluntarily by the Permittee and that the Permittee is not surrendering the Firearms Dealer Permit and privileges due to any threat, promise, or coercion by the Division or any of its agents or employees.

I affirm, under the penalty of perjury, that all firearms owned or possessed by the Permittee have been properly disposed of in accordance with Colorado and United States law and/or regulation.

I affirm, under penalty of perjury, that I am authorized to surrender this permit on behalf of the above-mentioned permittee.

Full Name (Print)

Title

Electronic Signature

Date (MM/DD/YY)

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

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The voluntary surrender of the Firearms Dealer Permit Number

is approved.

Title

Signature of Division Director or Designee

Date (MM/DD/YY)

DRAFT  
DO NOT USE  
1/8/2025