

## SELF IDENTIFICATION AND CERTIFICATION

### Federal Gun Control Act Domestic Violence Firearms Prohibition

On September 30, 1996, Title 18, United States Code, Sections 921 and 922 et seq., was enacted to prohibit anyone who has been convicted of a "misdemeanor crime of domestic violence" or subject to a valid domestic violence restraining order from possessing any firearm or ammunition. A person falls within the Act if the conviction occurred before or after the Act was enacted. There are no exceptions for law enforcement officers or other government employees or agents.

As defined by the Act, a "misdemeanor crime of domestic violence" means an offense that: (1) is a misdemeanor under Federal or State Law; and (2) has, as an element of the crime, the use or attempted use of physical force, or the threatened use of a deadly weapon; and (3) is committed by a current or former spouse, parent, or guardian of the victim, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

Your position has been determined to fall within the guidelines of the Act since you have access to, or are provided, firearms or ammunition. Complete the information below and submit this form to your supervisor.

EMPLOYEE NAME	POSITION NUMBER	CLASS TITLE
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**Check all that apply:**

- I have **never** been convicted of any offense which would be considered a "misdemeanor crime of domestic violence" as defined by the Act.
- I **have been** convicted of an offense **which is** considered a "misdemeanor crime of domestic violence" as defined by the Act. *(Attach details, explanation, and court records)*
- I am **not** subject to a valid domestic violence restraining order.
- I **am** subject to a valid domestic violence restraining order. *(Attach details, explanation, and court records)*

**By signing my name below, I:** (1) acknowledge that I have received information about the Federal Gun Control Act and understand the Department's policy regarding the Act; (2) understand that it is my responsibility to determine if I fall within the Act; (3) agree to notify my supervisor if I fall within the Act; (4) declare that the information I provided on this form is accurate and truthful; and (5) understand that the information I have provided may be verified by a State or National records check.

EMPLOYEE SIGNATURE	DATE	
SUPERVISOR SIGNATURE	PRINTED NAME	DATE
SUPERINTENDENT/DIVISION CHIEF SIGNATURE	PRINTED NAME	DATE