DEPARTMENT OF JUSTICE
REQUEST FOR HEARING
TO CHALLENGE DISQUALIFIED PERSON DETERMINATION

If a new license or license renewal to carry a concealed firearm pursuant to Penal Code sections 26150, 26155, or 26170 is denied or revoked based on a determination that the applicant is a disqualified person for such a license, as set forth in Penal Code section 26202, the applicant may request a hearing from the superior court of their county of residence to review the denial or revocation of a license. Pursuant to Penal Code section 26206, subdivision (c), an applicant must request a hearing within 30 days after receipt of the notice of denial or revocation from the licensing authority, or when applicable, within 30 days after receipt of the notice of an unsuccessful appeal of the denial or revocation with the licensing authority. The superior court shall set a hearing date within 60 days of receipt of this request, unless a continuance is granted as described in Penal Code section 26206, subdivision (d)(2), and notify the applicant, licensing authority, district attorney, and Department of Justice about the hearing date.

FOR COURT USE ONLY
CASE NUMBER:

TO: _____ COUNTY SUPERIOR COURT.
County of Residence

☐ I hereby request a hearing to review the denial or revocation of a new license or license renewal.

☐ I hereby request a confidential private hearing to review the denial or revocation of a new license or license renewal.

Pursuant to Penal Code section 26206, subdivision(d)(1), you can request a confidential private hearing that is not open to the public. Such a hearing would only be attended by persons relevant to your case, unless the court finds that the public interest would be better served by conducting the hearing in public.

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Driver's License or Identification Number _____

Residence Address _____ City _____ State _____ Zip Code _____

Licensing Authority Name _____

Address _____ City _____ State _____ Zip Code _____

Date of Denial/Revocation _____ Date of Receipt of Notice of Denial/Revocation _____

☐ Initial

☐ Renewal CCW License Type _____ License Number (if applicable) _____ Issue Date _____ Expiration Date _____

By signing below, I hereby authorize the Department of Justice to release my criminal history records to the court named above solely for use in the hearing, as required by Penal Code section 26206, subdivision (b).

_____ *Signature of Requestor* _____ *Date*

Requestor: Please forward completed form to the superior court of your county of residence.

Superior Court: Pursuant to Penal Code section 26206, subdivision (d)(1), send a copy of this completed form to the Department of Justice, Bureau of Firearms by emailing BOFCCW@doj.ca.gov.