

**Superior Court of Washington
County of**

In re the Detention of:

Petitioner,

and

Respondent.

No.

**Notice of Ineligibility to Possess a
Firearm
(NTIPF)**

Clerk's Action Required

To the Respondent:

You are hereby advised that the court committed you for mental health treatment under Chapter 71.05 RCW, Chapter 71.34 RCW, or Chapter 10.77 RCW.

You are required to immediately surrender any concealed pistol license. You may not possess a firearm until your right to do so has been restored by a court of record.

The information below has been filled in by the State based on available information.

The date of commitment: _____.

[] A copy of the Respondent's Driver's License or identicard is attached, or

Respondent's	Last Name,	First Name,	Middle Name
List any Aliases:			
Residential Address	(Street)	(City)	(State) (Zip)
Date of Birth (month/date/year)		Driver's License/ID Number	
Race:	Sex:	Weight:	Height:
Eyes:	Hair:	Court NCIC No.	

Submit to: Dept. of Licensing, Business & Professions Firearms Unit, PO Box 9649, Olympia, WA 98507-9649 and to the National Instant Criminal Background Check System (NICS).