



**CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
Notice of No Longer in Possession**
(Pen. Code § 28000)



DOJ/BOF Case No.:

Check appropriate box: ☒ Handgun/Long Gun (complete sections A,B,D,E) ☐ Assault Weapon/.50 BMG Rifle (complete sections A,C,D,E)

A. Owner Information

Last Name Ho		First Name Vincent		Middle Name B		Date of Birth 11/6/68		
Residence Street Address 1902 40th Avenue #3			City Oakland		State CA	Zip Code 94601		
Mailing Address (if different)			City		State	Zip Code		
CA DL, ID, or Military ID No. A7704428		Telephone Number (510)241-9449		Is the owner deceased? ☐ Yes ☒ No		Date of Death		County of Death

B. Handgun/Long Gun Information

Date Purchased/Acquired 2016	Serial Number 1054AE	If Handgun: ☒ Semi-auto ☐ Revolver ☐ Single Shot ☐ Other				If Long Gun: ☐ Rifle ☐ Shotgun	
Make (as stamped on firearm) Match Guns	Model (3032 Tomcat, KP95, 17C) MG2E	Caliber 22	Firearm Origin (US, Italy, China) Italy		Barrel Length		

C. Assault Weapon/.50 BMG Rifle Information - Voluntary cancellation of registration (Cal. Code Reg., tit. 11, § 5473)

AWR/.50 BMG Registration No.	Serial Number	Make (as stamped on firearm)	Model (e.g., AK47, AR15, TEC 9)	Caliber
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D. Disposition (see detailed instructions on reverse)

☐ Seized by or surrendered to law enforcement agency - law enforcement agency name and signature required:
Law enforcement agency: _____ Report No.: _____
and/or agent or representative: _____ Signature: _____ Date: _____

☐ Reported to law enforcement as: ☐ Lost ☐ Stolen Report No.: _____ Date: _____

☒ Sold/transferred to a licensed firearms dealer: Dealer name: Castro Valley Bullseye Date: 2016
Dealer address: 22287 Redwood Road, Castro Valley, CA 94546 (No longer in business, closed in 2016)

☐ Sold/transferred to a family member or private party: Transferee name: _____ Transfer date: _____
Transferee address: _____ Transferee telephone: _____

☐ Firearms Ownership Record/Operation of Law/Intra familial transfer submitted ☐ Copy of completed form or DOJ acknowledgement letter attached

☐ Verified destroyed: Destruction method: _____ ☐ Verification (i.e. insurance claim) attached. Destruction date: _____

☐ No longer resident of California: New state/country of residence: _____ Date residency established: _____
☐ Copy of government issued identification attached from new state/country of residence

☐ Transferred firearms to person/dealer in another state: Transferee name: _____ Transfer date: _____
Transferee address: _____ Transferee telephone: _____

☐ Documentation of sale/transfer attached Federal Firearms License No. (if applicable): _____

☐ Returned to dealer/manufacture: Dealer/manufacture name: _____ Return date: _____
Dealer/manufacture address: _____ ☐ Documentation from manufacturer attached

E. Declaration

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct.

Signature: _____ Date: _____