



**WILTON SIMPSON  
COMMISSIONER**

Florida Department of Agriculture and Consumer Services  
Division of Licensing

**FIREARMS INCIDENT REPORT**

Chapter 493, Florida Statutes  
Post Office Box 5647 • Tallahassee, FL 32314-5647 • (850) 245-5499  
www.mylicensite.com

**LICENSEE INVOLVED**

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Current Address: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ "D" License #: \_\_\_\_\_ "G" License #: \_\_\_\_\_ Other License #: \_\_\_\_\_

**AGENCY INFORMATION**

Employing Agency Name: \_\_\_\_\_ Agency License #: \_\_\_\_\_

Address: \_\_\_\_\_ Agency Phone #: \_\_\_\_\_

**INCIDENT INFORMATION**

Date of Incident \_\_\_\_\_ Name and Address of Site Where Incident Occurred \_\_\_\_\_

Type of Firearm Used (Make/Model/Caliber) \_\_\_\_\_ Type of Ammunition Used \_\_\_\_\_

# Shots Fired \_\_\_\_\_ Injury Inflicted? YES  NO  If YES, provide name of injured person \_\_\_\_\_

Name of Law Enforcement Agency Contacted \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Law Enforcement Officer \_\_\_\_\_ Report Obtained? YES  NO  If YES, attach copy \_\_\_\_\_

**NARRATIVE OF INCIDENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WITNESSES**

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Current Address: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Current Address: \_\_\_\_\_

I certify that the information contained in this report is true and correct to the best of my knowledge.

Signature of Agency Head \_\_\_\_\_ Date \_\_\_\_\_ Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_

**Attach witness statement(s), police report and other documents to this report. Mail to address in letterhead.**