VOLUNTARY LETHAL MEANS (FIREARMS) RESTRICTION

RYLTRANSACTION

HB 267

• This bill:

- Creates a voluntary process for an individual to restrict the individual's ability to purchase or possess a firearm
- Requires the Bureau of Criminal Identification to create a process and forms to allow a non-restricted individual to voluntarily become a restricted individual for a limited period of time;
- Requires the individual to acknowledge the consequences of the restrictions; allows the individual to request removal after 30 days;
- Requires the law enforcement agency and bureau to destroy all records after an individual is removed from the voluntary restricted list



ACCESS TO THE TRANSACTION

- The transaction for this will be RY
- You will be able to request access through the 24 hour UCJIS Help Desk
 - dpscic@utah.gov
 - 801-965-4446









	UCJIS Home RYL ×				
	Entry		Voluntary Lethal Means Restriction		
RY					
Transaction	Authorization				
Transaction	Submitting Agency ORI:*	UTBCI0000-UT BUREAU OF CRIM IDENT	Voluntary Restriction PDF: * Choose File VLMR Exclusion pdf		
	Restriction Type: *	O Add Voluntary Restriction Remove Voluntary Restriction			
	Remove Restriction Date				
	Form Date: *	85/04/2021			
	Person Information				
	First Name:*	ENTER FIRST NAME	Middle Name:	ENTER MIDDLE NAME	
	Last Name: *	ENTER LAST NAME	Date of Birth:*	ENTER DOB MMDDYYYY	
	Contact Information				
	Email Address:	ENTER EMAIL ADDRESS	Phone Number:	ENTER PHONE NUMBER	
	Address Line 1:*	ENTER ADDRESS LINE 1	Address Line 2:	ENTER ADDRESS LINE 2	
	City:*	ENTER CITY	State: *	×	
	Zip Code:*	ENTER ZIP CODE			
	Identification Information				
	Permit Number:	ENTER PERMIT NUMBER	Driver License Number:	ENTER DRIVER LICENSE NUMBER	
	Agency Record Number:*	ENTER AGENCY RECORD NUMBER			
	Q, Submit				



RY TRANSACTION





RY TRANSACTION

UCJIS Home	RYL 🗙			
Entry				
			Voluntary Lethal Means Restriction	
			Upload the form. It must be i	n PDF format
Authorization				
Submitting Ag ORI: *	gency	UTBCI0000-UT BUREAU OF CRIM II 🗸	Voluntary Restriction PDF: * Choose File No file chosen	
Restriction Type	e:*	O Add Voluntary Restriction		
		O Remove Voluntary Restriction		

VLMR Exclusion Form

* SERVICE	State of Utah Department of Public Safety VOLUNTARY TEMPORARY FIREARMS RESTRICTION REMOVAL	Please read all instruction
	INSTRUCTIONS	Name
Requ	lester Instructions	(Last) (Please print full name as it ap
1. 2.	Note that you cannot be removed from the Voluntary Temporary Firearms Restriction List if it has been less than 30 days since you requested to be added to the list. Print Request for Removal From Voluntary Temporary Firearm Restriction List (this form).	Previously used Name(S)(Ma
3. 4. 5.	Sign at the bottom of the form. Take the completed form to the Utah law enforcement agency you submitted your request for inclusion to. You must provide this	Physical Address
	form to law enforcement in person.	Daytime Phone#
Law I	Enforcement Instructions	
1. 2.	Verify the requester's identity. The requester must submit the form in person. Enter the information from this form into UCJIS via the RY transaction, selecting the "remove" option.	
3. 4.	Within 5 days of removal from the Voluntary Temporary Firearms Restricted List, destroy all forms related to this request.	Signed on:(Date)

	Depa REQUEST FOR EARLY TEMPORARY F	State of Utah Intment of Public Saf (REMOVAL FRO IREARMS REST(iety M THE VOLUNTAR RICTION LIST	RY	
lease read all instructio	ns on the previous page prior to	completing this fo	orm.		
ame(Last) (Last) Please print full name as it ap	(First) pears on your driver license or state iss	sued ID card)	(Middle)	Date of Birth	
reviously used Name(S)(Mai	den, etc.)				
hysical Address	(Street)	(City)	(County)	(State)	(Zip)
avtime Phone#	Alt Phone #				
,			_		
Signed on:(Date)	Utah Bureau of Criminal Identificat	(Applicant Signatur	re) aylorsville Utah 84129 80	1-965-4445	Beview 4/2021
					101300 4/2021

VLMR Inclusion Form



State of Utah Department of Public Safety VOLUNTARY TEMPORARY FIREARMS RESTRICTION



INSTRUCTIONS

Requester Instructions

- 1. Print Request for Voluntary Temporary Firearm Restriction List (this form)
- 2. Please fill out all fields on the form on the following page.
- 3. Be sure to sign the acknowledgement at the bottom of the form.
- Take the completed form to any Utah law enforcement agency for transmittal to the Bureau of Criminal Identification. You must
 provide this form to law enforcement in person.

Law Enforcement Instructions

- 1. Verify the requester's identity. The requester must submit the form in person.
- Enter the information from this form into UCJIS via the RY transaction, selecting the "enter" option. BCI will enter the requester onto the Voluntary Temporary Firearms Restricted List within 24 hours.
- 3. Retain the original form for your records.
- If an extension is not requested, all forms and copies of forms must be destroyed within 5 days of automatic removal from the Voluntary Temporary Firearms Restricted List.
- If early removal from the Voluntary Temporary Firearms Restricted List is requested, all forms must be destroyed within 5 days of removal.

Extension/Removal From Voluntary Temporary Firearm Restriction List

- 1. After 180 days, removal from the list is automatic. If you wish to remain on the list for longer than 180 days, please request a 180-day extension using this form.
- 2. If you wish to be removed from the Voluntary Temporary Firearm Restricted List prior to 180 days, you will need to submit a Request for Removal From The Voluntary Temporary Firearm Restriction List found on bei.utah.gov. Note that you cannot be removed until 30 days have passed since you were entered. You must turn this form in to the same law enforcement agency that received the request for inclusion (this form).

Please read all instructions on the previous page prior to completing this form. Name	B C I I	REQU	Dep. JEST FOR INCLUS FIREAR	State of Utah artment of Public Saf SION IN THE VOLU RMS RESTRICTION	ety INTARY TEMPORA N LIST	ARY	
Name	Please read all in	structions on the p	revious page prior to	o completing this fo	rm.		
Name							
(Hease print lame as it appears on your driver license or state issued ID card) (Hease print lame as it appears on your driver license or state issued ID card) Previously used Name(S)(Maiden, etc.)	Name(Last)		(Firet)		(Middle)	Date of Birth	
Previously used Name(S)(Maiden, etc.)	(Please print full nar	ne as it appears on you	r driver license or state is	ssued ID card)	(middlo)		
Physical Address	Previously used Nar	ne(S)(Maiden, etc.)					
	Physical Address						
Daytime Phone#		(Street)		(City)	(County)	(State)	(Zip)
ALL APPLICANTS: Please read and sign the statement below: By presenting this completed form to a law enforcement agency, I understand that I am requesting that my name be placed on a list that restricts my ability to purchase or possess firearms for a minimum of 30 days, and up to 6 months. I understand that by voluntarily making myself a temporarily restricted person, I m not have a firearm while I am on the list will be declined. I also understand that any time after 30 days, may request removal from the temporary restricted list and all previous rights will be restored. In addition, if I am in possession of a valid concealed firearm per my permit will be suspended during the time I am on the list, but will be reinstated upon my removal unless the permit has expired, been revoked, been suspent for another reason, or I become ineligible to possess a firearm. Additionally, I acknowledge that if I possess a firearm or attempt to purchase a firearm while outside Utah, I will be subject to the law of that location regarding restricted persons. Signed on:	Davtime Phone#		Alt Phone #				
ALL APPLICANTS: Please read and sign the statement below: By presenting this completed form to a law enforcement agency, I understand that 1 am requesting that my name be placed on a list that restricts my ability to purchase or possess firearms for a minimum of 30 days, and up to 6 months. I understand that by voluntarily making myself a temporarily restricted person, I not have a firearm in my possession and any attempt to purchase a firearm while I am on the list but be declined. I also understand that any time after 30 days, may request removal from the temporary restricted list and all previous rights will be restored. In addition, if I am in possession of a valid concealed firearm per yermit will be suspended during the time I am on the list, but will be reinstated upon my removal unless the permit has expired, been revoked, been suspend, for another reason, or I become ineligible to possess a firearm. Additionally, I acknowledge that if I possess a firearm or attempt to purchase a firearm while outside Utah, I will be subject to the law of that location regarding restricted persons. Signed on:							
(Date) (Applicant Signature) Utah Bureau of Criminal Identification 3888 W 5400 S Taylorsville Utah 84129 801-965-4445 Revised 4/202	ALL APPLICAN By presenting this c purchase or posses not have a firearm ir may request remova my permit will be su	ITS: Please read a ompleted form to a law e s firearms for a minimun my possession and an al form the temporary re- spended during the time	and sign the statem enforcement agency, I un n of 30 days, and up to 6 y attempt to purchase a stricted list and all previc e I am on the list, but will	nent below: nderstand that I am required is months. I understand firearm while I am on th ous rights will be restore be reinstated upon my	uesting that my name be that by voluntarily makin the list will be declined. I d. In addition, if I am in removal unless the perm that if Lessage for	e placed on a list that ng myself a temporari also understand that possession of a valid nit has expired, been	restricts my ability to ly restricted person, I m any time after 30 days, l concealed firearm per revoked, been suspen
Utah Bureau of Criminal Identification 3888 W 5400 S Taylorsville Utah 84129 801-965-4445 Revised 4/202	ALL APPLICAN By presenting this c purchase or posses not have a firearm in may request remove my permit will be su for another reason, outside Utah, I will b	ITS: Please read a ompleted form to a law o s firearms for a minimum my possession and an al from the temporary re- spended during the time or I become ineligible to e subject to the law of th	Ind sign the statem enforcement agency, I un of 30 days, and up to 6 y attempt to purchase a stricted list and all previce a I am on the list, but will possess a firearm. Add hat location regarding re	nent below: nderstand that I am requ 3 months. I understand firearm while I am on th us rights will be restore be reinstated upon my litionally, I acknowledge stricted persons.	uesting that my name be that by voluntarily makin le list will be declined. I d. In addition, if I am in removal unless the perm that if I possess a firear	e placed on a list that g myself a temporari also understand that possession of a valid nit has expired, been m or attempt to purch	restricts my ability to ly restricted person, I m any time after 30 days, i concealed firearm per revoked, been suspend nase a firearm while
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RY TRANSACTION

Authorization		
Submitting Agency ORI: * Restriction Type: *	UTBCI0000-UT BUREAU OF CRIM II	Voluntary Restriction PDF: * Choose File VLMR Exclusion.pdf
	Remove Voluntary Restriction	

Select between "Add Voluntary Restriction" and "Remove Voluntary Restriction"

RY TRANSACTION

Authorization		
Submitting Agency ORI: *	UTBCI0000-UT BUREAU OF CRIM II V	Voluntary Restriction PDF: * Choose File VLMR Exclusion.pdf
Restriction Type: *	O Add Voluntary Restriction	
	Remove Voluntary Restriction	
Remove Restriction Da	ate	
Form Date: *	05/04/2021	
		Selecting "Remove Voluntary Restrictio will require a "Form Date"

RY TRANSACTION

Authorization		
Submitting Agency ORI: *	UTBCI0000-UT BUREAU OF CRIM II 🗸	Voluntary Restriction PDF: * Choose File VLMR Inclusion.pdf
Restriction Type: *	Add Voluntary Restriction Remove Voluntary Restriction	
Restriction Date		
Form Date: *	05/04/2021	Restriction End Date:* 10/31/2021

Selecting "Add Voluntary Restriction" will require a "Form Date" and "Restriction End Date"

RY TRANSACTION

Person Information			
First Name: *	BEAR	Middle Name:	ENTER MIDDLE NAME
Last Name: *	YOGI	Date of Birth:*	01/01/1950
Contact Information			
Email Address:	YOGITEST@GMAIL.COM	Phone Number:	8019654446
Address Line 1:*	3888 W 5400 S	Address Line 2:	ENTER ADDRESS LINE 2
City: *	SALT LAKE CITY	State: *	UT - UTAH 🗸
Zip Code: *	84129		

Anything with an asterisk is required in order to submit

RY TRANSACTION

Identification Informatio	n		
Permit Number:	C0000	Driver License Number:	ENTER DRIVER LICENSE NUMBER
Agency Record Number: *	1234567		
Q Submit			

You must have the Agency Record Number. This field is for the case number that is assigned by the police department or the court. The Permit Number and Drivers License Number are optional fields



SUCCESSFUL RESPONSE

RESPONSE	×
Entry was SUCCESSFUL!	
	ОК

Once you submit, you will receive this successful response message confirming the entry was submitted