



**DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS
441 4TH STREET, NW, SUITE 450 NORTH
WASHINGTON, DC 20001-2714**



Tel: (202) 442-9094 • Fax: (202) 442-4789 • Email: oah.filing@dc.gov

Request to Appeal a Decision by the Metropolitan Police Department (MPD) Regarding a Firearm Registration Certificate

*Use this form if you want a hearing before an Administrative Law Judge because you disagree with a MPD decision to **deny or revoke a firearm registration certificate**. Attach a copy of the MPD notice you are appealing.*

*If you wish to appeal a decision regarding a **concealed pistol license (CPL)**, you must file an appeal with the Concealed Permit License Review Board, as required by D.C. Code § 22-4506(e). The Office of Administrative Hearings does **NOT** have authority to review CPL actions or decisions.*

Section 1 – Contact Information

Print Your Name:	Your Mailing Address:
Your Telephone:	
Your Email Address (<i>if any</i>):	Your Ward (<i>if you know</i>):
<input type="checkbox"/> I consent to receive documents by email only	
<i>If you have a representative for this case:</i>	
<input type="checkbox"/> Non-Attorney Representative (as allowed by OAH Rule 2835) <input type="checkbox"/> Attorney	
Representative Name:	Representative Telephone:
Representative Email Address:	Representative Mailing Address:
<input type="checkbox"/> Consents to receive documents by email only	

Section 2 – Why do you need a hearing?

MPD denied my application for a firearm registration certificate.

I submitted my application on: _____ (date)

MPD revoked my firearm registration certificate.

→ → → **Continue to second page** → → →

In the space below, give the reason(s) you disagree with MPD's decision and what you want the judge to do. Use an additional page if needed.

Section 4 – Language Access

Do you need OAH to provide an interpreter to help you participate in the hearing?

YES NO

If YES, what language do you need? _____

Section 5 – Reasonable Accommodation

Do you need a reasonable accommodation to help you participate in the hearing?

YES NO

If YES, please explain: _____

Section 6 – Who Prepared the Hearing Request?

Signature of the person who prepared the hearing request:

Signature

Print Name

Date

Email, telephone, mailing address of person who prepared hearing request (if not printed above):

