CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS

Mental Health Reporting System (MHRS)
Facility User Account Request

(Welf. & Inst. Code, § 8103, subds. (f)(2) & (g)(2).)

I. MHRS Facility and User Information

Facility Name			DOJ Facility ID No.
Facility Address	City	County	Zip Code

User Last Name	User First Name	User Title
User Phone Number	User Email Address (unique for each user)	Facility Director Email Address

II. Access and Security Agreement

I agree to adhere to the procedures outlined below to protect data, documentation, and other information reported via MHRS to ensure that it is confidential, except to the extent that such information is necessary for a court proceeding or determining the eligibility of the person to own, purchase, or possess firearms/explosives in accordance with Welfare & Institutions Code sections 8103, subdivision (f)(5) and 8103, subdivision (g)(4). I understand that any person who knowingly furnishes that information for any other purpose is guilty of a misdemeanor.

1. Maintain security and confidentiality for all mental health data, documentation and other related reporting information exchanged with the Department of Justice.
2. Shred printed documents containing firearms prohibition information after its legitimate use has ended.
3. Access MHRS from a computer in a secured area within my employing facility that is accessible only to authorized facility personnel and away from public view.
4. Refrain from electronically sending information obtained from MHRS except when necessary for the duties of authorized facility personnel.

I understand and agree that it is the duty and responsibility of facility personnel to print and maintain copies of prohibition reports submitted to the Department of Justice. I understand and agree that the Department of Justice is not responsible for routinely producing/providing subsequent copies of prohibition reports submitted by this facility.

I understand that MHRS User IDs and passwords are confidential and will never be shared.

I understand and agree to adhere to the reporting requirements as referenced in Welfare and Institutions Code sections 8103, subdivision (f)(2), and 8103, subdivision (g)(2).

I have read the above and understand the policy regarding all information from the Mental Health Reporting System.

User Name	User Signature	Date
Facility Director Name	Facility Director Signature	Date

Please mail or fax completed account request to:

Department of Justice
Bureau of Firearms, Mental Health Unit
P.O. Box 168048
Sacramento, CA 95816-8048
Fax: (916) 227-1021