CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS

Mental Health Reporting System (MHRS)
Law Enforcement Agency User Account Request

(Welf. & Inst. Code, § 8105.)

I. MHRS Agency and User Information

Agency Name			Agency ORI #
Agency Address	City	County	Zip Code

User Last Name	User First Name	User Title
User Phone Number	User Email Address (unique for each user)	Agency Approver Email Address

II. Access and Security Agreement

I agree to adhere to the following procedures 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 section 8105, subdivision (d). 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 agency that is accessible only to authorized agency personnel and away from public view.
4. Refrain from sending information obtained from the MHRS except when necessary for the duties of authorized agency personnel.

I understand and agree that it is the duty and responsibility of agency 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 agency.

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 section 8105.

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

User Name	User Signature	Date
Agency Approver Name	Agency Approver 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