California Department of Fish & Wildlife
Hunting Program

Non-lead Cartridge/Projectile Certification Application

Manufacturer Contact Information

(Enter the mailing address and contact info for the manufacturer):

Manufacturer Name: _____
(Mailing Address) Street: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Contact Person: _____
Email: _____

Manufacturer Product Information

(Please provide the following information relative to your product(s)):

Cartridges:

Cartridge Designation	Caliber(s)	Grain(s)	% lead content by weight	Unique Identifying Characteristics

Projectiles:

(any bullet, ball, sabot, slug, buckshot or other device which is expelled from a firearm through a barrel by force)

Projectile Designation	Caliber(s)	Grain(s)	% lead content by weight	Unique Identifying Characteristics

MSDS Submitted (***not required***): Yes No

Digital Color Image of Cartridge/Projectile Submitted (***required***): Yes No

Mail the completed form to:
California Department of Fish & Wildlife
Wildlife Branch
Attn: Non-lead Certification Program
1812 9th Street
Sacramento, CA 95811

Authorized Signature: _____
Name: _____
Title: _____
Date: _____