

FIREARMS INFORMATION FORM

Rifle/Shotgun Acquisition

Out-of-State Firearm Acquisition

Return of Firearm from Evidence

Name _____
LAST FIRST MIDDLE (MAIDEN NAME)

Address _____ Phone _____

Employer _____ SSN _____

Business address _____ Phone _____

Occupation _____ Rank/grade (military) _____

Date of birth _____ Sex _____ Place of birth _____

U.S. passport/naturalization No. _____ U.S. citizen YES NO

Racial extraction _____ Height _____' _____" Weight _____ Hair _____ Eyes _____

Acquired from: Name _____ Phone _____

Address _____ Deceased YES NO

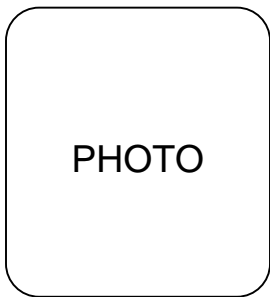
Brought in from: _____
CITY AND STATE (OR CITY AND COUNTRY)

<u>Caliber</u>	<u>Make</u>	<u>Model</u> <small>(Hand/Rifle/Shotgun) indicate action</small>	<u>Type</u>	<u>Barrel length</u>	<u>Serial No.</u>
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____

SIGNATURE OF APPLICANT

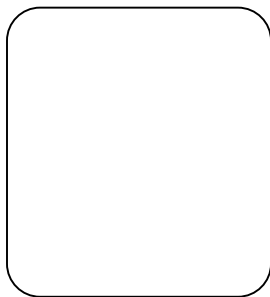
DATE/TIME

TYPE OF IDENTIFICATION



WITNESS

PERFORMED COMPUTER CHECKS



RIGHT THUMB PRINT