

# Dealer FFL Transfer

Dealer Attach copy of FFL with this sheet inside package

Dealer Shipping Firearm:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Firearms MUST be picked up within 30 days of arrival

Person Picking Up (Customer Info must be completed in full)

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email (Optional): \_\_\_\_\_

Phone: \_\_\_\_\_

Firearm: Make/Importer      Model                      Serial #                      Caliber

Make/Importer	Model	Serial #	Caliber