

GUN TRANSFER IN OUT **DATE** _____

Transfer To (NAME): _____

Address: _____

City: _____ State ___ Zip _____

PHONE: _____

Receiving From (NAME): _____

Address: _____

City: _____ State ___ Zip _____

PHONE: _____

Check one Copy of Drivers License Copy of FFL

GUN-MFG or Importer _____

Model _____ Action _____ Cal _____

Serial # _____ Bbl _____ Shot _____

Extras with gun _____

Value of Gun: _____ Cost: _____

FFL Name _____

Address _____

City _____ State _____ Zip _____

FFL Requested Date _____ FFL Received Date _____

FFL EZ check Y on _____

Copy of FFL attached yes

Copy of Our FFL included
with Shipping yes

LOG # _____

DATE REC'D _____ OR

DATE SHIPPED _____