

## Firearms Transaction Record Part I - Over-the-Counter

**WARNING:** You may not receive a firearm if prohibited by Federal or State law. The information you provide will be used to determine whether you are prohibited under law from receiving a firearm. Certain violations of the Gun Control Act, 18 U.S.C. §§ 921 *et. seq.*, are punishable by up to 10 years imprisonment and/or up to a \$250,000 fine.

Transferor's Transaction  
Serial Number (If any)

Prepare in original only. All entries must be handwritten in ink. Read the Notices, Instructions, and Definitions on this form. **"PLEASE PRINT."**

### Section A - Must Be Completed Personally By Transferee (Buyer)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                                                                               |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Transferee's Full Name<br>Last Name                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | First Name                                                                                                                                                                                                                                                                                |                                                                                                  | Middle Name (If no middle name, state "NMN")                                                                  |                                                          |
| 2. Current Residence Address (U.S. Postal abbreviations are acceptable. Cannot be a post office box.)<br>Number and Street Address                                                                                                                                                                                                                                                                                                                              |                      | City                                                                                                                                                                                                                                                                                      |                                                                                                  | County                                                                                                        | State   ZIP Code                                         |
| 3. Place of Birth<br>U.S. City and State                                                                                                                                                                                                                                                                                                                                                                                                                        | -OR- Foreign Country | 4. Height<br>Ft. _____<br>In. _____                                                                                                                                                                                                                                                       | 5. Weight<br>(Lbs.)                                                                              | 6. Gender<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female                                 | 7. Birth Date<br>Month   Day   Year                      |
| 8. Social Security Number (Optional, but will help prevent misidentification)                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                                                                                           | 9. Unique Personal Identification Number (UPIN) if applicable (See Instructions for Question 9.) |                                                                                                               |                                                          |
| 10.a. Ethnicity<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino                                                                                                                                                                                                                                                                                                                                               |                      | 10.b. Race (Check one or more boxes.)<br><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White<br><input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |                                                                                                  |                                                                                                               |                                                          |
| 11. Answer questions 11.a. (see exceptions) through 11.i. and 12 (if applicable) by checking or marking "yes" or "no" in the boxes to the right of the questions.                                                                                                                                                                                                                                                                                               |                      |                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                                                                               |                                                          |
| a. Are you the actual transferee/buyer of the firearm(s) listed on this form? Warning: You are not the actual buyer if you are acquiring the firearm(s) on behalf of another person. If you are not the actual buyer, the dealer cannot transfer the firearm(s) to you. (See Instructions for Question 11.a.) Exception: If you are picking up a repaired firearm(s) for another person, you are not required to answer 11.a. and may proceed to question 11.b. |                      |                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year? (See Instructions for Question 11.b.)                                                                                                                                                                                                                                                                  |                      |                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Have you ever been convicted in any court of a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? (See Instructions for Question 11.c.)                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Are you a fugitive from justice?                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance?                                                                                                                                                                                                                                                                                                                       |                      |                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f. Have you ever been adjudicated mentally defective (which includes a determination by a court, board, commission, or other lawful authority that you are a danger to yourself or to others or are incompetent to manage your own affairs) OR have you ever been committed to a mental institution? (See Instructions for Question 11.f.)                                                                                                                      |                      |                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| g. Have you been discharged from the Armed Forces under dishonorable conditions?                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| h. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? (See Instructions for Question 11.h.)                                                                                                                                                                                                                                                                  |                      |                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| i. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? (See Instructions for Question 11.i.)                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| j. Have you ever renounced your United States citizenship?                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| k. Are you an alien illegally in the United States?                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| l. Are you an alien admitted to the United States under a nonimmigrant visa? (See Instructions for Question 11.l.) If you answered "no" to this question, do NOT respond to question 12 and proceed to question 13.                                                                                                                                                                                                                                             |                      |                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 12. If you are an alien admitted to the United States under a nonimmigrant visa, do you fall within any of the exceptions set forth in the instructions? (If "yes," the licensee must complete question 20c.) (See Instructions for Question 12.) If question 11.l. is answered with a "no" response, then do NOT respond to question 12 and proceed to question 13.                                                                                            |                      |                                                                                                                                                                                                                                                                                           |                                                                                                  |                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 13. What is your State of residence (if any)? (See Instructions for Question 13.)                                                                                                                                                                                                                                                                                                                                                                               |                      | 14. What is your country of citizenship? (List/check more than one, if applicable. If you are a citizen of the United States, proceed to question 16.) <input type="checkbox"/> United States of America<br><input type="checkbox"/> Other (Specify) _____                                |                                                                                                  | 15. If you are not a citizen of the United States, what is your U.S.-issued alien number or admission number? |                                                          |