



CERTIFICATE OF TRANSFER OF ASSAULT WEAPONS

SELLER OR TRANSFEROR

Name (Last, First, Middle)		Home Telephone #	
Address (Number, Street, City or Town State, Zip)			
Date of Birth		Social Security Number (optional)	
Operator's License Number	Sex	Height	Weight
Sellers Federal Firearms License Number if Applicable		Certificate of Possession Number	

LICENSED DEALER

Name (Last, First, Middle)		
Address (Number, Street, City or Town, State, Zip)		
Business Name		
Address (Number, Street, City or Town, State, Zip)		
Date of Birth	Social Security Number (optional)	Operator's License Number
Dealer's Federal Firearms License Number		

WEAPON INFORMATION

Weapon Make:
Model:
Serial Number:
Unique I.D./Markings:

I understand, under penalties of giving a false statement, that the above information is true and correct.

Signature of Seller: _____

Signature of Buyer: _____

Date of Sale or Transfer: _____