FLORIDA DEPARTMENT OF LAW ENFORCEMENT

FIREARM PURCHASE PROGRAM

FAX FORM

FAX NUMBER

(850) 410-8138

DATE: _____ DEALER # _____ BUSINESS NAME: _____

TELEPHONE # _____ FAX # _____ HOURS: _____

US CITIZEN: **YES / NO** ☐ SALE ☐ PAWN REDEMPTION

TYPE OF FIREARM: (CHECK ALL THAT APPLY) ☐ HANDGUN ☐ LONG GUN ☐ BOTH ☐ OTHER (FRAME, RECEIVER, ETC.)

NAME: _____ _____ _____
FIRST NAME MIDDLE NAME LAST NAME

DOB: _____ (YYYY/MM/DD) PLACE OF BIRTH: _____ (STATE OR COUNTRY) SEX: **M F** (CIRCLE ONE) RACE: _____

SSN: _____ UPIN # _____ SATE OF RESIDENCE: **FL** OTHER: _____

ALIEN REG #: _____ (NINE DIGITS) I-94 #: _____ (ELEVEN DIGITS)

Firearm Purchase Program Use ONLY

RESPONSE TO DEALER:DATE: _____ TIME: _____

CONTROL # _____ **A N Decision Pending** MEMBER: _____

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TELEPHONE # _____ FAX # _____ HOURS: _____

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