

Processing the Firearm Transfer Application

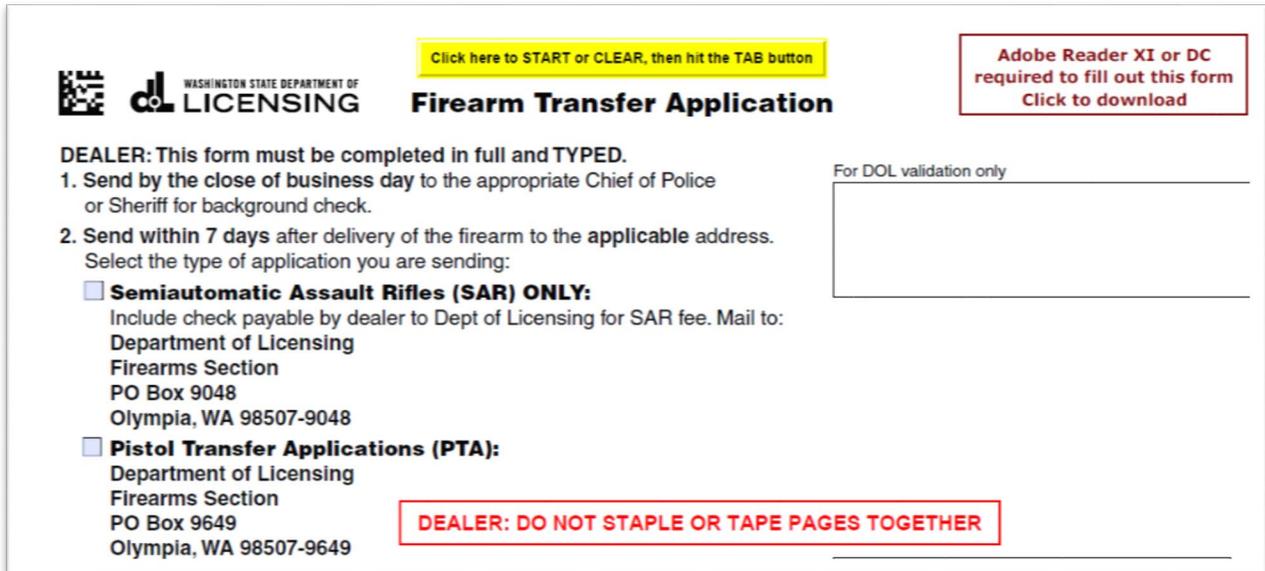
Fill the form out completely. Leaving essential areas blank will delay the processing of the application and could require you to do additional work. The application must be typed. The form is fillable which allows you to tab through the fields for faster processing.

Print 3 copies of the completed application:

- At end of day, provide a copy to the local law enforcement agency where the buyer resides;
- The Dealer will retain a copy for their records and keep for 6 years;
- After the delivery of the firearm, send the last remaining copy to Department of Licensing.

All denied applications must be sent to the Washington Association of Sheriffs and Police Chiefs (WASPC). You may do this electronically through <http://www.wafirearmsreport.org/>.

The form below combines the Semiautomatic assault rifle (SARs) with the Pistol Transfer application (PTA).



 WASHINGTON STATE DEPARTMENT OF LICENSING **Firearm Transfer Application**

Click here to START or CLEAR, then hit the TAB button

Adobe Reader XI or DC required to fill out this form
Click to download

DEALER: This form must be completed in full and TYPED.

1. Send by the close of business day to the appropriate Chief of Police or Sheriff for background check.
2. Send within 7 days after delivery of the firearm to the applicable address. Select the type of application you are sending:
 - Semiautomatic Assault Rifles (SAR) ONLY:**
Include check payable by dealer to Dept of Licensing for SAR fee. Mail to:
Department of Licensing
Firearms Section
PO Box 9048
Olympia, WA 98507-9048
 - Pistol Transfer Applications (PTA):**
Department of Licensing
Firearms Section
PO Box 9649
Olympia, WA 98507-9649

For DOL validation only

DEALER: DO NOT STAPLE OR TAPE PAGES TOGETHER

1. When the Dealer has released the firearm to the buyer, the completed SAR (with check) or PTA is sent within 7 days to the appropriate PO Box listed on the form.
2. The box marked "For DOL validation only" is for DOL use.
3. Check the correct box related to what you are selling or transferring :
 - Semiautomatic Assault Rifle (**SAR** with \$18 fee). The number of SAR applications must match the check total being mailed.
 - When money is involved use **PO Box 9048**.
 - Pistol Transfer Applications, which do not have a fee, must be sent to PO Box 9649.

3. Retain a copy for your records for 6 years.

Application initiated (date and time)			<input type="checkbox"/> am <input type="checkbox"/> pm
<input type="checkbox"/> Private transfer <input type="checkbox"/> Private transfer	Approval code	Dealer transaction #	Appropriate LEA <input type="checkbox"/> City <input type="checkbox"/> County

4. Check the "Private transfer" box if you are completing the paperwork for a private transfer.
5. List the approval Code (NTN) from the LEA doing the background check.
6. Include the Dealer Transaction number from your tracking system.
7. Check the City or County for the LEA doing the background check.

SECTION A - Firearm description

Section A - Firearm description (Type all information)

Firearm serial number		Make	Other (no abbreviations)	
		Choose one		
Caliber	Barrel length	Condition	Type	Model number or name
45	15.75 in.	<input type="checkbox"/> New <input type="checkbox"/> Used	Choose one	

8. Fill in the Firearm serial number. This might include both numbers and letters.
9. Choose the "Make" from the drop down list. Choose "other" in the drop down list if the "Make" is not listed. Fill in the missing "Make" in the "Other" fill in box and do not use abbreviations.
10. For the Caliber box, use numbers only – no special characters/letters
11. The Barrel length will include numbers and one decimal (Example: 6.5 in. or 15.75 in.) – Do not use fractions.
12. Your options for "Condition" are new or used.
13. The "Type" has a drop down list to choose from, including the SAR.
14. Fill in the Model number or name of the Firearm.

SECTION B – Dealer information

Section B - Dealer information

Date weapon delivered	UBI number	Business ID	Location ID	Stamp area
Federal firearms license number				
Dealer/Store name				
Address (Number, Street, City, State, ZIP code)				
(Area code) Dealer telephone number	Email			
Dealer signature				
X Dealer sign here.				

The information for the Dealer is the same. Use the fill in boxes and Tab to move from area to area. Also, when saving the form to your computer, your Dealer information will repopulate with each customer. See "Requirements for filling out the form" located on the last page to review details. You will not have to use your stamp in the "Stamp" field.

15. Date weapon delivered, is the date the buyer took possession of the firearm.

16. UBI number listed on your business license will have all 16 numbers of your business identifier:
 - UBI number = 9 numbers
 - Business ID = 3 numbers
 - Location ID = 4 numbers
17. Enter your Federal firearms license (FFL) number
18. Dealer store or name as listed on your business license
19. Full *physical* address
20. Area code and phone number
21. Email address
22. Dealer signature, must be signed by the Dealer or person completing the sale.

SECTION C – Buyer information

Section C – Buyer information					
Buyer name (Last, First, Middle, Suffix)				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No					
Home address (Number, Street, Apartment number)					
City		State	ZIP code	County	
Date of birth (mm/dd/yy)	Place of birth (City, State or Province, and Country)			Height	Weight lbs
Eye color Choose one	Driver license or state ID card number		State	(Area code) Telephone number	
Race (choose all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White					
Permanent resident card number	Washington State alien firearms license Number _____ Expires _____			Occupation	
Concealed pistol license number	Expiration date	Issuing authority			

23. Buyer name using this format: Last, First, Middle
24. Gender
25. U.S. Citizen
26. Full *physical* address – (number, street, apt. number)
27. City
28. State – 2 digit abbreviation only (Example: Washington = WA; Indiana = IN)
29. ZIP code
30. County
31. Date of birth use this format: (mm/dd/yyyy)
32. Place of birth – (city, state or province, and country)
33. Height and weight
34. Eye color – choose from the drop down list
35. Driver’s license or State ID number and the State where it was processed – military ID’s are not allowed
36. AREA code and phone number
37. Race – Choose from the list, select all that apply
38. Permanent resident card number, if applicable
39. Washington State alien firearms license number and expiration date
40. Occupation

- 41. Concealed pistol license number and expiration date
- 42. Issuing authority - LEA who issued the CPL

SECTION C – Buyer information (continued)

Section C – Buyer information (continued)	Firearm serial number
Answer the following	
1. Have you been a resident of Washington at the address above for the previous consecutive 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", provide previous addresses:	
2. Do you certify you are eligible to possess a pistol and/or semiautomatic assault rifle under RCW 9.41.040 and 9.41.045? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. If purchasing a semiautomatic assault rifle, do you certify you have completed the required safety training within the past 5 years. <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you understand by signing this application you are waiving confidentiality and requesting the Department of Social and Health Services, mental health institutions, and other health care facilities, to release information relevant to your eligibility to purchase a pistol and/or semiautomatic assault rifle to a court or law enforcement agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Caution: Although state and local laws do not differ, federal law and state law on the possession of firearms differ. If you are prohibited by federal law from possessing a firearm, you may be prosecuted in federal court. State permission to purchase a firearm is not a defense to a federal prosecution.</p> <p>The presence of a firearm in the home has been associated with an increased risk of death to self and others, including an increased risk of suicide, death during domestic violence incidents, and unintentional deaths to children and others.</p>	
I certify under penalty of perjury under the laws of the state of Washington that the information provided in this application are true and correct.	
<p>Date and place (city or county) signed _____</p> <p>Date and place (city or county) signed _____</p> <p style="text-align: center;">Buyer printed name: _____</p>	<p>X Buyer - Print the completed form and sign your full legal name here _____</p> <p>Buyer signature (Full legal name)</p>

- 43. The red circled items will populate from the first page entries and you won't have to reenter the information.
- 44. The four questions above are answered by the buyer, their signature certifies the information is correct. The buyer's signature will be their full legal name. The buyer must sign to allow the LEA to conduct the required background check.

Requirements for using the form

- 1. If you need the most current Adobe reader please click on the upper right corner of the electronic form and follow instructions for downloading.
- 2. We recommend you save this fillable PDF onto your computer before filling it out with a customer. Save again with your Dealer information added. This saves your data.
 - o Click on the yellow shaded area of the electronic form when working with a customer. This will reset the form by removing all previous buyers' information.