

Pistol Transfer Application

<input type="checkbox"/> Private transfer
Approval code
Dealer transaction #
Appropriate LEA <input type="checkbox"/> City <input type="checkbox"/> County

Dealer: Make sure this form is completed in full and is clearly legible.

1. Send by the close of the business day to the appropriate Chief of Police or Sheriff.
2. **Send within 7 days** after delivery of the firearm to:
Department of Licensing, Firearms Section, PO Box 9649, Olympia, WA 98507-9649
3. Retain a copy for your records for 6 years.

Section A - Firearm description - Type all information

Pistol serial number			Make (choose one)		Other (no abbreviations)	
Caliber	Barrel length (in.)	Type	Model number or name	Condition <input type="checkbox"/> New <input type="checkbox"/> Used	Application initiated (date and time) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

Section B - 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	Place of birth (City, State or Province, and Country)			Height (ft, in)	Weight (lbs)	Eye color	
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		
Answer the following I have 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 address(es):							
Concealed pistol license number		Expiration date		Issuing authority			
Driver license or state ID card number			State	(Area code) Telephone number			

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.

Buyer: Read the following statement carefully

I certify I am eligible to possess a pistol under RCW 9.41.040 and 9.41.045. I understand by signing this application I am waiving confidentiality and requesting the Department of Social and Health Services, mental health institutions, and other health care facilities, to release information relevant to my eligibility to purchase a pistol to a court or law enforcement agency. I certify under penalty of perjury under the laws of the state of Washington that the statements and other information set forth in this application are true and correct. RCW 9A.72.040

Buyer signature (Full legal name)

X

Section C - Dealer information

Date weapon was 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				