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WASHINGTON STATE DEPARTMENT OF LICENSING

Firearm Transfer Application

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

DEALER: DO NOT STAPLE OR TAPE PAGES TOGETHER

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

For DOL validation only

Application initiated *(date and time)* ☐ am ☐ pm			
Private transfer ☐ Private transfer	Approval code	Dealer transaction #	Appropriate LEA ☐ City ☐ County

Section A – Firearm description (Type all information)

Firearm serial number		Make Choose one	Other *(no abbreviations)*
Caliber	Barrel length in.	Condition ☐ New ☐ Used	Type Choose one	Model number or name

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.				

Section C – Buyer information

Buyer name *(Last, First, Middle, Suffix)*			Gender ☐ Male ☐ Female	U.S. citizen ☐ Yes ☐ 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)* ☐ American Indian/Alaska Native ☐ Asian ☐ Black ☐ Native Hawaiian/Pacific Islander ☐ White				
Permanent resident card number	Washington State alien firearms license Number _____ Expires_____		Occupation	
Concealed pistol license number	Expiration date	Issuing authority		

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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? . . . . . ☐ Yes ☐ 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? . . . . . ☐ Yes ☐ No
3. If purchasing a semiautomatic assault rifle, do you certify you have completed the required safety training within the past 5 years. . . . . ☐ Yes ☐ 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? . . . . . ☐ Yes ☐ No

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.

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.

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.

Date and place *(city or county)* signed

X **Buyer - Print the completed form and sign your full legal name here**

Buyer signature *(Full legal name)*

Buyer printed name: