



DEPARTMENT OF LABOR, LICENSING AND REGULATION
SECONDHAND PRECIOUS METAL OBJECT DEALERS AND PAWNBROKERS PROGRAM
 DAILY TRANSACTION REPORT FORM / DATA REQUIRED FOR ELECTRONIC FILING

TRANSACTION NO. _____

LICENSEE NAME: _____ BUSINESS NAME _____ REG NO. _____ SUFFIX _____
 BUSINESS ADDRESS _____ CITY _____ STATE/ZIP _____

LOCATION OF TRANSACTION (If transaction does not occur at business address). _____ DATE _____ TIME _____

NAME OF PLACE: _____ ADDRESS _____

CITY _____ STATE/ZIP _____ INDIVIDUAL OWNER RESIDENCE SALE ESTATE JUDICIAL

Principal (Agent) representing owner (Seller) of the items. Provide the Following information: Full Name _____

Address: _____ City: _____ State & Zip Code _____ DOB: _____

SELLER'S NAME LAST _____ FIRST _____ MI _____	DOB	MO	DAY	YEAR	
ADDRESS _____ PHONE NO. () _____	SEX	HAIR	EYES	HGT	WGT
CITY _____ STATE _____ ZIP CODE _____	Other distinguishing features (indicate "none", if none)				
DRIVER'S LICENSE NC _____ STATE _____	BEARD	TATTOOS/SCARS (describe)			
	MUSTACHE				
	GLASSES				

RACE/ETHNIC I.D. (Circle one) White Afr.Amer. Asian Hispanic Amer. Indian Other (Describe)

OTHER ID: (Two forms of ID required if driver's license is not used) SELLER KNOWN TO DEALER: _____ Other features (describe) _____

PHOTO ID (Circle) YES NO TYPE (circle): GOV'T ID AGE I.D. BIRTH CERT. YES NO

IDENTIFICATION NUMBERS : _____ SECOND ID: _____

Quantity	Description of Item	Describe Monograms, Inscriptions	Jewels, Stone Glass Comp	Composition	Altered ?	Weight	Price Sold

Do not sign this form until it is completely filled out.

I, hereby, certify that I am the true owner of the items identified in this transaction .

SIGNATURE OF SELLER/CUSTOMER (Required)

Do not sign this form until it is completely filled out.

I, hereby, certify that the information contained in this transaction report is true and correct to the best of my knowledge, information and belief.

SIGNATURE OF DEALER/BUYER (Required)

TOTAL _____

CASH CHECK