## PERSONAL BILL OF SALE OR TRANSFER OF A FIREARM

SELLER:		
Name:		
Address:		
City:	State:	Zip Code:
Date of Birth:	Country/County of Birth:	
Citizenship:	State and Driver's License No:	
ne de la contraction de la co		
BUYER:		
Name:		7-
Address:		
City:	State:	Zip Code:
Date of Birth:	Country/County of Birth:	(4)
Citizenship:	State and Driver's License No:	
CERTIFI	CATION OF THE BUYER/TRAN	ISFEREE
1. I am the actual buyer/trans		() Yes () No
	ave I been arrested for any felony(s)	() Yes () No
3. I am a fugitive from justice		() Yes () No
		d substance () Ves () No
4. I am an unlawful user or addicted to drugs or any other controlled substance () Yes () No 5. I have been declared mentally defective () Yes () No		
6. I have been committed to any mental institution		() Yes () No
7. I was dishonorably discharged from the Armed Forces		() Yes () No
	r restraining me from harassing, stalk	
		0
threatening my child, or an intimate partner.  9. I have been convicted of a misdemeanor crime of domestic violence		() Yes () No
10. If ever a United States Citizen, I have not renounced my		ce () Yes () No
		0.7
United States Citizensh	Market Control of the	() Yes () No
11. I am an illegal alien in the	United States	() Yes () No
	FIREARM INFORMATION	ib /
		<i>x</i>
Manufacturer Mod		e Caliber/Gauge
1.	with Graining	
2		
2.		
3.		
Seller hereby certifies that th	e information given by me is true a	and correct to the best of my
knowledge and that I am the le		
		Date
Buyer hereby certifies that he	she is legally able to purchase the fir	earm(s) under applicable state
and federal law and that the	information given by me is true a	nd correct to the best of my
knowledge.	g	o the best of my
		Date

Form furnished by The Academy of Personal Protection and Security, Inc. Go to <a href="https://www.appstraining.com">www.appstraining.com</a> for additional copies.

Copyright 2004 by the Academy of Personal Protection and Security, Inc. All rights reserved.