

STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE
Special Licensing and Firearms Unit

Case Number: _____

Surrendered Firearms/Ammunition Log Sheet

Name of Person Presenting Firearm <i>(last/first/mi)</i>				Address of Person Presenting Firearm		F/A Permit # <input type="checkbox"/> (✓ if owner)
Name of Firearm Owner <input type="checkbox"/> (✓ if same as above)				Address of Owner <input type="checkbox"/> (✓ if same as above)		DOB
Officer Accepting Firearm <i>(name/rank/ID number)</i>				Agency Name/Address		
NO.	CODE *	SERIAL NUMBER	MAKE	MODEL	CALIBER	MISCELLANEOUS INFORMATION
1.						
2.						
3.						
4.						
5.						

(Use additional forms to list more than five firearms)

*** SURRENDER CODES:**

P PROTECTIVE ORDER
R RESTRAINING ORDER
C OTHER COURT ORDER
V VOLUNTARY SURRENDER
DA DOMESTIC VIOLENCE ARREST

M MISDEMEANOR DISQUALIFICATION CONVICTION
F FELONY CONVICTION
DC DOMESTIC VIOLENCE CONVICTION
O OTHER _____

- ☐ I have surrendered the listed firearms and/or ammunition to the Connecticut State Police in accordance with Connecticut General Statutes Section 29-36k as amended by P.A. 13-3, P.A. 13-220, and any other state or federal statutes regarding the transfer of firearms. I understand that I have one (1) year from the surrender date to transfer such firearm(s) to an eligible person, and that if the firearm(s) have not been so transferred within one (1) year, they will be forfeited for destruction or for appropriate use to the Connecticut State Police. I understand that if I am subject to a protective or restraining order, pursuant to C.G.S. § 29-36k as amended by P.A. 13-3 and P.A. 13-220, my firearm(s) may only be (1) transferred to a federally licensed firearms dealer; or (2) surrendered to the Connecticut State Police.

Initialed by Owner/Releaser: _____

- ☐ I am the lawful owner of the above listed firearms and/or ammunition and wish to surrender possession of them to the Connecticut State Police for immediate destruction or for appropriate use within the department.

Initialed by Owner: _____

Signature of Owner/Releasing Person	Signature of Receiving Officer	Date
-------------------------------------	--------------------------------	------

- ☐ Released to Special Licensing and Firearms Unit _____ Date: _____

DISPOSITION OF FIREARM(S) AND/OR AMMUNITION

- ☐ Released to Owner
☐ Released to Other Proper Person: CT Permit Number: _____ Expires: _____
☐ Destroyed pursuant to C.G.S. § 29-36k (b)

Signature of Receiving Person <i>(if applicable)</i>	Signature of Releasing Authority	Date
--	----------------------------------	------

(Attach to this form a photocopy of any proof of identification provided)