

FIREARM (GUN) TRANSFER FORM

1.) SELLER INFORMATION:

Name:		
Mailing Address:	City:	
State:	Zip:	
Order Number:		
2.) BUYER INFORMA	ΓΙΟΝ:	
Name:		
Mailing Address:	City:	
State:	Zip:	
FOID Number:		
3.) FIREARM INFORM	IATION:	
Manufacturer:	Model:	
Caliber:	Serial Number:	
4.) SALE INFORMATI	ON:	
The seller listed above agr	rees to transfer ownership of his or her firearm for th	e sum of
	dollars (\$) to the aforemention	əd buyer
on this date of	, 20	
	orm, attach a copy of your FOID and Driver's Licens @FirearmssafetyAcademy.net	Se.
FFL Transfers	advance prior to picking up your firearm to confirm	that we

* Important: Please call in advance prior to picking up your firearm to confirm that we have received and processed it, and that we are available to complete the transfer. Our hours are by appointment. Call or text 630-364-8850. Email: rick@firearmssafetyacademy.net