 Send within 7 da address. Select th 							cable					
Semiautoma Include check p Department of Firearms Secti PO Box 9048 Olympia, WA 9	itic Ase bayable Licens ion 08507-90	sault Rif by dealer ing 048	to Dep	SAR) ot of Li	ONLY:		6 18 SAR fe	e. Ma	il to:			
Pistol Transf Department of Firearms Secti PO Box 9649 Olympia, WA 9	Licens	ing	s (PT	A):								
3. Retain a copy for	your red	cords for 6	years			nsfer typ			pplication i	initiated (date a		_
		1					redemptio				am	∐ pm
Private transfer	rrivate transfer Approval code ☐ Private transfer					Deal	er transaction	#		Appropriate	LEA	
Section A – Firea	arm de	scriptio	n (Tvp	e all i	informa	ation)						
Firearm serial number			Make			,		Other (íno abbrev	iations)		
Caliber Barrel length in.	Condit	tion ew 🗌 Us		Туре					Model nun	nber or name		
Section B – Deal	er info	rmation	I					l				1
Date weapon delivered	UBI numb	ber			Busines	ss ID	Location ID		Stamp are	a		
Federal firearms license n	umber											
Dealer/Store name												
Address (Number, Street,	City, State,	, ZIP code)										
10-digit dealer phone num	lber	Email										
Dealer signature												
Section C – Buye	er infor	mation										
Buyer name (<i>Last, First, N</i>									Gende	^r ale	U.S. citi ale 🗌 Yes	zen S 🗌 No
Home address (Number, S	Street, Apa	rtment numbe	er)									
City					State	ZIP	code	Coun	ty			
Date of birth (mm/dd/yy)	Place of	f birth <i>(U.S. C</i>	ity and Si	tate or F	=oreign Cc	ountry)				Height	Weight	lbs
Eye color Driver license or state ID card number				-			State	e 10-digit phone number				
Race (choose all that appl		Native	Asian	ו □ ו	Black	□Na	tive Hawai	iian/Pa	cific Isla	ander 🗆 V	Vhite	
Permanent resident card r		Washington			ms license				pation			
Concealed pistol license n	umber		ation date	e Is	uing auth	o ires ority		-				
FIR-652-001 (R/10/21)WA F	Daga 1 of 2									Conti	nued on n	ext nade

WASHINGTON STATE DEPARTMENT OF **Firearm Transfer Application**

B,

- 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.
- **C** (1) **C** rm to th -.... - **L** ما ما ان

City				State	ZIP code	County	County			
Date of birth (mm/dd/yy)	Place	of birth (U.S. City and State	e or Foreign Co	ountry)			Height	Weight	lbs
Eye color	Driver license or state ID card number					State	10-digit	phone num	ber	
Race (choose all that appl American Indian/	.,	Nativ	ve □Asian	Black	□ Native Ha	waiian/Paci	fic Islan	nder 🗌	White	
Permanent resident card r	umber		ington State alien fi I ber	pires	Occupat	tion				
Concealed pistol license n	umber		Expiration date	Issuing auth	ority					

Section C – Buyer information (co	ontinued)
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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 cortify you are aligible to possess a nistel and/or comjautematic assault rifle under
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?
3. If purchasing a semiautomatic assault rifle, do you certify you have completed the required safety training within the past 5 years
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 semi- automatic assault rifle to a court or law enforcement agency?
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.
X
Date and place (city or county) signed Buyer signature (Full legal name)
Buyer printed name: