

Pistol Transfer Application

Approval code <i>(optional)</i>
Dealer's transaction number
Appropriate LEA <input type="checkbox"/> City <input type="checkbox"/> County

Dealer: Ensure this form is completed in full and is clearly legible. Make three copies.

- 1) Send by the close of the business day to the appropriate Chief of Police or Sheriff.
- 2) After delivery of the firearm, send to **Department of Licensing, Firearms Section, PO Box 9649, Olympia, WA 98507-9649** within seven days.
- 3) Retain a copy for your records for six years. *(This form is issued pursuant to Chapter 9.41 RCW.)*

Section A – Description of the firearm

PRINT or TYPE Pistol serial number	NCIC make code	Caliber	Condition <input type="checkbox"/> New <input type="checkbox"/> Used	Other identifying numbers	Barrel length
Make <i>(no abbreviations allowed)</i>	Country of manufacture and importer of weapon	Type of action <input type="checkbox"/> Revolver <input type="checkbox"/> Pistol		Model number or name	
This application form initiated <i>(date and time)</i> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		No dealer may transfer a pistol to the applicant (buyer) until the statutory time requirement has elapsed from the time of this application to actual transfer of possession. (RCW 9.41.090)			

Section B – Statement of the buyer

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	Race	Eye color	Place of birth <i>(city, state or province, and country)</i>	
Buyer name <i>(last, first, middle)</i>			U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent resident card alien registration number	
Home address <i>(number, street, apartment number)</i>				Washington State alien firearms license number _____ expires _____	
City, state, ZIP code, county			(Area code) home telephone number	Are you a Washington resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Residency method: I have been a resident of the state of Washington for the previous consecutive 90 days at the following residence(s):				Occupation	

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.

Buyer: Read the following statement carefully and initial below.

I certify that I am not ineligible to possess a pistol under RCW 9.41.040 or 9.41.045, and that (1) I have not been convicted in this state or elsewhere of, a) any felony offense, b) any domestic violence offense as described in RCW 9.41.040 committed on or after July 1, 1993; (2) I have not been convicted of three violations of Chapter 9.41 RCW within five (5) calendar years; (3) I have not been involuntarily committed for mental health treatment pursuant to RCW 71.05.320, 71.34.090, 10.77 or equivalent statute in another jurisdiction, unless my right to possess a firearm has been restored by a court pursuant to RCW 9.41.040(4); (4) I am not under twenty-one years of age; (5) I am not subject to a court order or injunction regarding firearms possession; (6) I am not free on bond or personal recognizance pending trial, appeal, or sentencing for a felony offense; (7) I have not been ordered to forfeit a firearm under RCW 9.41.098 (1)(e) within one (1) year prior to applying for the purchase of this pistol; (8) and my concealed pistol license, if any, is not in a revoked status. I understand that by signing this application I am waiving confidentiality and requesting that the Department of Social and Health Services, mental health institutions and other health care facilities release information relevant to my eligibility to purchase a pistol to a court or law enforcement agency. I certify under penalty or perjury, and subject to the criminal penalties set out in RCW 9A.72.040 that the statements and other information set forth in this application are true and correct.

WA concealed pistol license number	Expiration date	Issuing authority	Buyer initials X
Washington State driver license or ID number		Name listed on license or ID	
Buyer signature <i>(full legal name)</i> X			

Section C – Statement of the dealer

I certify that the buyer is personally known to me or has presented clear evidence of his or her identity, I have followed the procedures set out in RCW 9.41.090 and the Brady Handgun Control Act, and I do not have reasonable cause to believe the buyer is ineligible to possess a firearm under RCW 9.41.040 and RCW 9.41.045 or Federal Law.

Date and time the weapon was delivered <i>(date and time)</i> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Stamp area
UBI number (16-digit number)	Federal firearms license number
Dealer/Store name	
Address <i>(number, street, city, state, ZIP code)</i>	
Dealer signature X	(Area code) dealer telephone number