

PACKING SLIP

For transferring from an FFL or Nonlicensee to FFL

Date:

TO:

FFL:

FROM:

ADDRESS:

CITY:

STATE:

ZIPCODE:

STATE ID:

NOTES:

ID Expiration:

Checklist

- RECIPIENTS NAME WRITTEN ON OUTSIDE OF BOX
- COPY OF FFL
- PHOTOCOPY OF ID (IF NOT AN FFL)
- FIREARM /S

