## State of Connecticut Department of Public Safety

## Sale or Transfer of All Firearms

Date of Sale	Sale Authorization No.	Manufacturer	Exact Model	Serial Number			
Caliber/Gauge	Gen. Description	Barrel Length	Date of Birth	Social Security # (optional)			
Purchaser (Print Fi	irst, Middle, Last Name)		Pistol Permit, Eligibility Certificate, Police ID or FFL #				
Purchaser's Address (No., Street, City/Town, ZIP)							
Seller (Print First, Middle, Last Name)			Pistol Permit, Eligibility Certificate, Police ID or FFL #				
Date of Birth	Seller's Address (No., Street, City/Town, ZIP)						
Signature of Seller			Signature of Purchaser				
Seller, obtain authorization number (860) 685-8400, retain the original copy for your records, give one copy to the purchaser as a receipt, submit one copy to the local police authority where the purchaser resides, and submit a final copy to the Commissioner of Public Safety at: DPS Special Licensing & Firearms Unit 1111 Country Club Rd, Middletown, CT, 06457-9294							

DPS-3-C (Rev. 6/05)

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