

FIREARMS REFERENCE COLLECTION RECEIPT

Submitting Agency: _____ Date: _____

FR # Assigned:	_____	Keep	Destroy	Condition:	G	F	P	S/O (Sawed off)							
Firearm Type:	Pistol	Revolver	Derringer	Rifle	Shotgun	Other	_____								
Action:	Semi Auto	Full Auto	Swing Out	Pin	Break Open	Lever	Bolt	Pump/Slide	Air/CO ₂	Multi Barrel (____)					
Manufacturer:	_____				Model:	_____									
Caliber:	_____				Serial Number:	_____									
Safety Check upon Receipt:				<input type="checkbox"/>				Safety Check on Entry to Collection:				<input type="checkbox"/>			

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