

Firearms Reference Collection Temporary Release of Custody (Check-out and Return)

NORTH CAROLINA STATE CRIME LABORATORY

121 East Tryon Road, Raleigh, NC 27603
919-662-4500

The undersigned acknowledges **RECEIPT** of the following weapon(s) from the Firearms Reference Collection of the North Carolina State Crime Laboratory (Physical Evidence Section – Firearms Unit).

Date of Receipt: _____

FR Number/Description: _____

Receiving Agency: _____

Rec. Agency Representative: (Print) _____ (Signature) _____

Examiner/FSM: (Print) _____ (Signature) _____

Witness: (Print) _____ (Signature) _____

The undersigned acknowledges **RETURN** of the following weapon(s) from the Firearms Reference Collection of the North Carolina State Crime Laboratory (Physical Evidence Section – Firearms Unit).

Date of Return: _____

FR Number/Description: _____

Returning Agency: _____

Ret. Agency Representative: (Print) _____ (Signature) _____

Examiner/FSM: (Print) _____ (Signature) _____

Witness: (Print) _____ (Signature) _____