

---

## Firearms Reference Collection Receipt Cover Sheet

**NORTH CAROLINA STATE CRIME LABORATORY**  
121 East Tryon Road, Raleigh, NC 27603  
919-582-8700

The undersigned acknowledges **RECEIPT** of the following weapon(s) **for use** in the Firearms Reference Collection of the North Carolina State Crime Laboratory (Physical Evidence Section – Firearms Unit) **or for destruction** by the North Carolina State Crime Laboratory.

FR Number(s) Assigned: \_\_\_\_\_

Submitting Agency: \_\_\_\_\_

Sub. Agency Representative: (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_

Examiner/FSM: (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_

Date of Receipt: \_\_\_\_\_