Purchaser:

|  |
| --- |
| Full Name (Last, First, Middle)(Please Print):      |
| Mailing Address:      |
| City or Town:      | State:      | Zip Code:      |

Dealer:

|  |
| --- |
| Name(Please Print):      |
| Mailing Address:      |
| City or Town:      | State:      | Zip Code:      |

The purchaser acknowledges that he/she were provided a basic firearms safety brochure in accordance with Title 25 section 2012, subsection 2, paragraph A.

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Signature Date

Note: The purchaser should be provided with a copy of this form for his/her records.