

Dept. of Public Safety
Div. of State Police
DPS-3-C (Rev.01/95)

SALE OR TRANSFER OF ALL FIREARMS

(Please type or print clearly)

DATE OF SALE

SALE AUTHORIZATION NUMBER

MAKE

S/N NUMBER

EXACT MODEL

CAL.

BARREL
LENGTH

GENERAL DESCRIPTION

PURCHASER:

D.O.B.

OCCUPATION

S.S. NUMBER

FIRST

MIDDLE

LAST

__/__/__

__/__/__

ADDRESS (P.O. Box is not acceptable)

PISTOL PERMIT NO.

ELIGIBILITY CERT. NO.

NUMBER STREET

CITY

ZIP

SELLER:

ELIGIBILITY CERTIFICATE, PISTOL PERMIT OR
PERMIT TO SELL AT RETAIL NUMBER

FIRST

MIDDLE

LAST

ADDRESS (P.O. Box is not acceptable)

NUMBER STREET

CITY

ZIP

Signature of Seller/Permit Number

Signature of Purchaser

Retain one copy and send one copy to the local Police Authority

Submit one original to DPS Special Licensing and Firearms Unit, P.O. Box 2794, Middletown, CT. 06457-9294

Dept. of Public Safety
Div. of State Police
DPS-3-C (Rev.01/95)

SALE OR TRANSFER OF ALL FIREARMS

(Please type or print clearly)

DATE OF SALE

SALE AUTHORIZATION NUMBER

MAKE

S/N NUMBER

EXACT MODEL

CAL.

BARREL
LENGTH

GENERAL DESCRIPTION

PURCHASER:

D.O.B.

OCCUPATION

S.S. NUMBER

FIRST

MIDDLE

LAST

____/____/____

____/____/____

ADDRESS (P.O. Box is not acceptable)

PISTOL PERMIT NO.

ELIGIBILITY CERT. NO.

NUMBER STREET

CITY

ZIP

SELLER:

ELIGIBILITY CERTIFICATE, PISTOL PERMIT OR
PERMIT TO SELL AT RETAIL NUMBER

FIRST

MIDDLE

LAST

ADDRESS (P.O. Box is not acceptable)

NUMBER STREET

CITY

ZIP

Signature of Seller/Permit Number

Signature of Purchaser

Retain one copy and send one copy to the local Police Authority

Submit one original to DPS Special Licensing and Firearms Unit, P.O. Box 2794, Middletown, CT. 06457-9294