



APPLICATION TO REGISTER AS FIREARMS DEALER, IMPORTER, OR MANUFACTURER (LRS 40:1787)

Louisiana Department of Public Safety and Corrections
Office of State Police
PO Box 66375
Baton Rouge, LA 70896

FIREARM(S) – As Defined in LRS 40:1781 (3)

Type of Registration Requested	
<input type="checkbox"/> Dealer of Firearms	<input type="checkbox"/> Importer of Firearms
<input type="checkbox"/> Manufacturer of Firearms	<input type="checkbox"/> Individual

Business Information	
Name of Owner (If partnership, include name of each partner.)	Social Security or Employer Identification Number
Trade or Business Name	Telephone No. (Include Area Code)
Name of Parish/County in which Business is located	Business ()
Mailing Address	Residence ()
Is a Federal Firearms License required? No Yes	Business Location (Physical Address)
	Federal Firearms License No.
Applicant's Business is: <input type="checkbox"/> A Corporation <input type="checkbox"/> A Partnership <input type="checkbox"/> Individually Owned <input type="checkbox"/> Other (Specify)	

List below the information requested for each individual owner, partner, & other responsible persons in the applicant business including all names known by, aliases, nicknames, & previous married names. (Attach Additional Sheet if Necessary)				
1. Full Name	Driver's License or ID Card No.			
Home Address	Date of Birth	Place of Birth	Race	Sex
Title	Social Security No.			
2. Full Name	Driver's License or ID Card No.			
Home Address	Date of Birth	Place of Birth	Race	Sex
Title	Social Security No.			
3. Full Name	Driver's License or ID Card No.			
Home Address	Date of Birth	Place of Birth	Race	Sex
Title	Social Security No.			

UNDER PENALTY OF PERJURY, I DECLARE that I have examined this application, and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Applicant _____ Date _____

Department Use Only	
By authority of the Secretary, this application to register a firearm has been examined and the application is:	
Approved <input type="checkbox"/>	Disapproved <input type="checkbox"/>
Reviewing Official _____	Date _____

*****NOTE: FORM MUST BE SUBMITTED IN DUPLICATE.*****