



APPLICATION TO TRANSFER FIREARM
LOUISIANA REVISED STATUTES, TITLE 40, SECTION 1784 & 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).

Transferor (Seller)	
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	Business () Residence ()
Mailing Address	Business Location (Physical Address)
Is a Federal Firearms License required? No Yes	Federal Firearms License #
Applicant's Business is: <input type="checkbox"/> A Corporation <input type="checkbox"/> A Partnership <input type="checkbox"/> Individually Owned <input type="checkbox"/> Other (Specify)	

Firearm Data			
Name and Address of Manufacturer/Importer			
Type of Firearm		Caliber, Gauge, or Size	
Model		Length of Barrel	
Serial Number		Overall Length	
Additional Description or Data Appearing on Firearm:			

Transferrer (Buyer) NOTE: Louisiana buyer must also complete a DPSSP 4012 (Application to Register Firearm).	
Name	Social Security or Employer Identification Number
Mailing Address	Telephone No. (Include Area Code)
Address/Location Firearm to be Registered	Business () Residence ()
Federal Firearms License No Yes	Federal Firearms License #

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 Transferor/Transferrer _____ Date _____

Signature of Notary _____ 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.*****