**STATE OF CONNECTICUT**

**DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION DIVISION OF STATE POLICE**

# Sale or Transfer of All Firearms

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Sale | Sale Authorization No. | Manufacturer | | Exact Model | | | Serial Number | |
| Caliber/Gauge | General Description | Barrel Length | | Handgun | | | Date of Birth | Place of Birth |
| Long Gun | | |
| Other |  | \* |
| Unfinished  Frame/Receiver | | |
| Purchaser or Transferee *(Print First, Middle, Last Name)* | | | | Purchaser or Transferee’s Pistol Permit, Eligibility Certificate, Police ID, DOD #, or FFL # | | | | |
| Purchaser or Transferee’s Address *(No., Street, City/Town, ZIP Code)* | | | | | | | | |
| Seller or Transferor’s *(Print First, Middle, Last Name)* | | | | Seller or Transferor’s Pistol Permit, Eligibility Certificate, Police ID, DOD #, Driver’s License #, or FFL # | | | | |
| Date of Birth | Seller or Transferor’s Address *(No., Street, City/Town, ZIP Code)* | | | | | | | |
| Signature of Seller or Transferor | | | Signature of Purchaser or Transferee | | | | | |
| Seller, obtain authorization number by calling (860) 685-8400. Retain the original copy for your records, give one copy to the purchaser as a receipt, submit one copy to the local police authority where the purchaser resides, and submit a final copy to the Department of Emergency Services and Public Protection, Special Licensing and Firearms Unit, 1111 Country Club Road, Middletown, Connecticut 06457-2389. This form can also be faxed  to (860) 685-8496 or emailed to [DESPP.SLFU@ct.gov](mailto:DESPP.SLFU@ct.gov) | | | | | | | | |

DPS-3-C (Rev. 08/04/22) \* “Other” refers to frames, receivers, NFA weapons, etc. See instructions for Question 4 on ATF form 4473

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| Caliber/Gauge | General Description | Barrel Length | | Handgun | | | Date of Birth | Place of Birth |
| Long Gun | | |
| Other |  | \* |
| Unfinished  Frame/Receiver | | |
| Purchaser or Transferee *(Print First, Middle, Last Name)* | | | | Purchaser or Transferee’s Pistol Permit, Eligibility Certificate, Police ID, DOD #, or FFL # | | | | |
| Purchaser or Transferee’s Address *(No., Street, City/Town, ZIP Code)* | | | | | | | | |
| Seller or Transferor’s *(Print First, Middle, Last Name)* | | | | Seller or Transferor’s Pistol Permit, Eligibility Certificate, Police ID, DOD #, Driver’s License #, or FFL # | | | | |
| Date of Birth | Seller or Transferor’s Address *(No., Street, City/Town, ZIP Code)* | | | | | | | |
| Signature of Seller or Transferor | | | Signature of Purchaser or Transferee | | | | | |
| Seller, obtain authorization number by calling (860) 685-8400. Retain the original copy for your records, give one copy to the purchaser as a receipt, submit one copy to the local police authority where the purchaser resides, and submit a final copy to the Department of Emergency Services and Public Protection, Special Licensing and Firearms Unit, 1111 Country Club Road, Middletown, Connecticut 06457-2389. This form can also be faxed  to (860) 685-8496 or emailed to [DESPP.SLFU@ct.gov](mailto:DESPP.SLFU@ct.gov) | | | | | | | | |

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