

Firearm Surrender/Disposal Form

Personal Information

Full Name:

Date of Birth:

Address:

Contact Number:

Firearm Information

Make:

Model:

Serial Number:

Caliber/Gauge:

Surrender/Disposal Details

Date of Surrender/Disposal:

Location:

Method (Surrender/Disposal):

Surrender

Witness (if any):

☐ I hereby declare the above information is true and accurate.

Submit