

**APPLICATION TO REGISTER FOR CONFISCATED WEAPONS SALE
FOR USE BY FEDERAL FIREARMS LICENSE HOLDERS**

DATE _____		
FFL LICENSE NAME (IF DIFFERENT THAN COMPANY/BUSINESS) _____		FFL NUMBER _____
COMPANY/BUSINESS NAME _____		
COMPANY/BUSINESS ADDRESS (PHYSICAL & MAILING) _____		
COMPANY/BUSINESS PHONE _____ <small>(Please Include Area Code)</small>	FAX _____ <small>(Please Include Area Code)</small>	E-MAIL ADDRESS _____
COMPANY/BUSINESS OWNER'S NAME _____	OWNER'S PHYSICAL HOME ADDRESS _____	
OWNER'S DATE OF BIRTH _____	DRIVER LICENSE NO. & ISSUING STATE _____	
COMPANY/BUSINESS OWNER'S NAME _____	OWNER'S PHYSICAL HOME ADDRESS _____	
OWNER'S DATE OF BIRTH _____	DRIVER LICENSE NO. & ISSUING STATE _____	
COMPANY/BUSINESS OWNER'S NAME _____	OWNER'S PHYSICAL HOME ADDRESS _____	
OWNER'S DATE OF BIRTH _____	DRIVER LICENSE NO. & ISSUING STATE _____	
LOCAL SHERIFF'S OFFICE / POLICE DEPARTMENT AFFILIATION _____	CITY & STATE _____	

INSTRUCTIONS

COMPLETE FORM, ATTACH COPY OF YOUR CURRENT FEDERAL FIREARMS LICENSE & MAIL TO:
KENTUCKY STATE POLICE / SUPPLY BRANCH
94 AIRPORT ROAD
FRANKFORT KY 40601
ATTN: SALES REGISTRATION

FOR OFFICIAL USE ONLY		
RECEIVED	REVIEWER'S SIGNATURE	REVIEW DATE