

FIREARMS DEALER REGISTRATION

*All entries on this form must be printed in ink or typed.
 See notice and instructions on reverse side.*

DEALER INFORMATION							
1. Dealer (Name of person, firm, partnership or corporation)				2. Contact Person			
3. Business Address							
4. City		5. County		6. State		7. Zip Code	
8. Mailing Address (if different from business address)							
9. City		10. County		11. State		12. Zip Code	
DEALER HOURS/TELEPHONE NUMBER(S)							
13. Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							
14. Business Telephone Number ()				15. Additional Telephone/Fax Number ()			
FEDERAL FIREARMS LICENSE INFORMATION							
16. Name of License Holder							
17. Street Address							
18. City				19. State		20. Zip Code	
21. Social Security Number or Employer Identification Number (REQUIRED)				22. Federal Firearms License Number			

The undersigned agrees to comply with 1991 Wisconsin Act 11 as codified in s. 175.35, Stats., and the procedures established by the Department of Justice under ch. Jus 10, Wis. Admin. Code, in obtaining Criminal History Record Information checks required for the transfer of certain firearms.

Signature _____ Date _____

Do not write below this line. Department of Justice use only.

The Dealer has been assigned the above Department of Justice (DOJ) Dealer Identification Number and is authorized to obtain Criminal History Record Information checks by telephone or by submitting a form approved by the Department of Justice.

Application approved: _____ Date _____
 (Signature of approving authority)

NOTICE

1991 Wisconsin Act 11 of the State of Wisconsin requires that firearms dealers obtain a firearms restrictions record search from the Department of Justice (DOJ) prior to the sale of certain firearms. Firearms dealers must register with the Department of Justice to be assigned a Dealer Identification Number, which shall be used to verify the requester's identification. DOJ will not perform the firearms restrictions record search without a dealer's identification number.

INSTRUCTIONS TO DEALER

To obtain a Dealer Number, firearms dealers should complete items 1 through 22 on the reverse side, sign, date and forward both copies, along with a copy of their federal firearms license to:

Wisconsin Department of Justice
Crime Information Bureau
Attention: Firearms Dealer Registration
P.O. Box 2718
Madison, WI 53701-2718

When the application is approved, one copy will be returned with the assigned Dealer Number recorded in the "DOJ Dealer Identification No." block located in the upper right-hand corner.

The DOJ Dealer Identification Number is confidential and shall be used only by firearms dealers and/or those persons authorized by the Department of Justice to request criminal history record information. If the confidentiality of the number is breached or the information provided on the registration form changes, dealers are required to notify the Department of Justice.