

HOW TO ORDER DEPARTMENT OWNED FIREARMS

To complete the firearm order, the department must submit the following statement, on department letterhead, and the completed Federal Excise Tax form as specified below. These are requirements of federal and/or state regulations. Instructions as follow:

- The included statement must be one, continuous form on department letterhead.
 - You may copy and paste the statement onto your letterhead via Word, Adobe, etc.; or photocopy the statement to a letterhead.
 - No gluing, taping, or stapling the letterhead to the top of the statement.
 - Quantity, make, and model of firearm must be included on the line for the description of firearm. Please include night sights and brand if desired.
 - The completed form must be signed by an official ranked Lieutenant or higher, as designated by the chief administrator of the department.
- The completed Federal Excise Tax form must be included with the statement.
 - This document must be signed by an administrator ranked Captain or higher, or a purchasing agent.
 - One of the two check boxes, but not both, must be checked. The second box offers a date range up to three years for ammunition and one year for firearms.
 - The name of manufacturer line must be filled in with the manufacturer, not Ray O'Herron Co. (example: Glock, Inc., Olin/Winchester LLC, Simunition, etc.)
 - Please make sure to sign, print name, and include address in designated spots.
- If your order consists of more than one brand of firearm (example: Glock and Rock River), you will need to complete one set of forms for each manufacturer.
- Please email forms upon completion. If you are picking up in store, you may bring the forms with you.

NOT FOLLOWING THE PROCEDURES AS LAID OUT WILL RESULT IN YOUR ORDER BEING HELD UNTIL ANY PROBLEMS ARE CORRECTED.

PLACE YOUR LETTERHEAD HERE

LETTERHEAD MUST APPEAR HERE OR THE FORM WILL NOT BE ACCEPTED

l,	
(Name of chief administrator or designee) Solemnly swear, under penalty of perjury, that I am a supervisor of the	
(Department name)	
The firearm(s) that the department is acquiring is for use is suitable for this purpose. This firearm(s) is not being acquiresale. I, as chief administrator for the above department has been convicted of a misdemeanor, or felony, crime firearm(s) in any way.	uired for the purpose of transfer or nt, also certify that no person that
(Quantity, make, and model of firearm)	
(Signature of chief administrator or designee)	
(Title / Rank)	(Date)

THIS FORM IS VALID FOR 60 DAYS FROM DATE OF ISSUE