



**APPLICATION TO TRANSFER FIREARM**  
**LOUISIANA REVISED STATUTES, TITLE 40, SECTION 1784 & 1787**

Louisiana Department of Public Safety and Corrections  
 Office of State Police  
 PO Box 66375  
 Baton Rouge, LA 70896

FIREARM(S) – As Defined in LRS 40:1781 (3).

<b>Transferor (Seller)</b>	
Name of Owner (If partnership, include name of each partner.)	Social Security or Employer Identification Number
Trade or Business Name	Telephone No. (Include Area Code)
Name of Parish/County	Business (     )
Mailing Address	Residence (     )
Is a Federal Firearms License required?    No            Yes	Business Location (Physical Address)
Federal Firearms License #	
Applicant's Business is: <input type="checkbox"/> A Corporation <input type="checkbox"/> A Partnership <input type="checkbox"/> Individually Owned <input type="checkbox"/> Other (Specify)	

<b>Firearm Data</b>			
Name and Address of Manufacturer/Importer			
Type of Firearm	Caliber, Gauge, or Size		
Model	Length of Barrel		
Serial Number	Overall Length		
Additional Description or Data Appearing on Firearm:			

<b>Transferrer (Buyer) NOTE: Louisiana buyer must also complete a DPSSP 4012 (Application to Register Firearm).</b>	
Name	Social Security or Employer Identification Number
Mailing Address	Telephone No. (Include Area Code)
Address/Location Firearm to be Registered	Business (     )
Federal Firearms License    No            Yes	Residence (     )
Federal Firearms License #	

UNDER PENALTY OF PERJURY, I DECLARE that I have examined this application, and to the best of my knowledge and belief it is true, correct and complete.

Signature of Transferor/Transferrer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Notary \_\_\_\_\_ Date \_\_\_\_\_

<b>Department Use Only</b>	
By authority of the Secretary, this application to register a firearm has been examined and the application is:	
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Reviewing Official _____	Date _____

\*\*\*\*\*NOTE: FORM MUST BE SUBMITTED IN DUPLICATE.\*\*\*\*\*