

Remington Arms Co., Inc.  
Product Service  
Legal Case #:4162

## Case Information

RE#	Date Opened	Date Opened(PS)	Date Closed	Incident Date	Pre Lit	Lit	Obsolete
183430	12/16/2009	12/23/2009	12/23/2009				

## Customer Information

Type	Business	First Name	Last Name	Street	City	State	Zip	Age	Contact
Reporter	Cabela's	J. Shendock	Cabela's	12901 Cabela Drive	Ft. Worth	TX	76177		W 817-337-2400

## Incident Information

Claims	Codes	Repair Est.	Medical Treatment	Medical Status
PI				
PD				
S	Cause:4027	Improper Assembly by Factory	Unknown	
C	Fires on Safe release	Concern:1007 Fired on Safe Release		

Dealer reported - Gun will fire when moving Safe to Fire position. dmf

## Firearm Information

Mfg.	Type	Model/Ga.	SKU	Serial	Bbl.	DOM
Remington	CF/BA	700/308 WIN	85412	G6879367	OD	7/17/2009 7:37:45 AM

  

Date Purchased	Where Purchased	Accessories	Original Owner
	CABELA S INC/WAREHOUSE /	SCOPE,RINGS,TWO PIECE BASE	U

CONCERN:FSR

Ammunition Information - None Defined

Other Products Information - None Defined

## Settlement

Remington/700/CF/BA

Settlement	Release of Claims	Release Date	Reimbursement	Cash Settlement	Reim. Date APV	Cash Date APV
Repair under warranty						

Repair/Replacement Cost	Repair/Replacement Date
\$48.84	12/30/2009

12/30/09: Per Fred S. - Improper Assembly at factory. Check over completely, replace trigger assembly, function test - warranty. dmf

## Examination[Remington/CF/BA]

Part	Sub-Part	Code	Comment
Examination	Examiner		B.TRAVIS
	Exam Date		12/23/2009
	Product Type		RF

	Action Type		A
	Assigned To		F.SUPRY
Cause	4027	Improper Assembly by Factory	PIN MISSALIGNED IN TPA
Barrel	Description		24" 308 WIN
	Date Code		OD
	Bore Plugged	False	
	Bulged	False	
	Fired	False	
	Fired while Obstructed		
	Muzzle/Crown Condition	Like new; Functioning	
Bolt	Firing Pin	Like new; Functioning	
	Shroud	Like new; Functioning	
	Face	Like new; Functioning	
	Handle	Like new; Functioning	
	Stop	Like new; Functioning	
Extractor	Condition	Like new; Functioning	
	Cut Condition	Like new; Functioning	
	Ext/Eject Test	False	
Locking	Block Condition	---Select---	
	Lug Condition	Like new; Functioning	
	Notch Condition	---Select---	
Overall	Exterior Condition	Like new; Functioning	
	Stock Condition	Like new; Functioning	
	Fore End Condition	---Select---	
Receiver	Condition	Like new; Functioning	
	Bulged	False	
Safety	Description		STANDARD XMP SAFETY
	Function	Like new; Functioning	
Sear	Lift	---Select---	N/A
	Notch	Like new; Functioning	
	Tests	Test Fired	False
Feeding Test		False	
Trigger	Condition	Like new; Not Functioning	PIN MISSALIGNED
	Pull	---Select---	4#
	Altered	False	
	Sub-Assembly	X-Mark Pro	
Non-Remington Components	Description		SCOPE,RINGS,TWO PIECE BASE

**Arms Services Repair & Estimate System**

File Add Repair Estimate Repair Expedite Repair Inquiry Repair Tools CSR Tools Reports Table Maintenance System Maintenance Help

**Repair Inquiry**

Repair Number: **RE00183430** Serial: **G6879367** Model: **700** Center Fire Caliber:  Repairman: **Patrick Bielanski**  
 Verify Repair 308 WIN Produced: **07/17/2009** Status: **Repairing 12/23/2009 6:00:19 AM**

**Address Information**

Customer: ☒ Received From Return To: ☐ Received From  
 Name: **CABELAS RETAIL INC** **CABELAS RETAIL**  
 Address 1: **115 CABELA DRIVE** **12901 CABELA DRIVE**  
 Address 2:   PO Box:  PO Box:   
 City: **SYDNEY** **FORT WORTH**  
 State: **NE** Zip Code: **68162** Country: **US** State: **TX** Zip Code: **76177** Country: **US**  
 FFL:

Contact / Condition	Problems	Estimate	History / Status	Shipping / Billing
Date	User ID	Desc1	Desc2	Current Status
12/16/2009 11:1	valentds	From: Check In	To:	Repairing
12/16/2009 11:1	valentds	Repair Maintenance	Status: New	12/23/2009 6:00:19 AM
12/21/2009 8:08	Travisbw	From: Product Services	To: Repair Bench	System
12/23/2009 5:20	Travisbw	Repair Maintenance	Status: New	Gallery
12/23/2009 5:32	bielanskp	Estimate Update	Status: PartsHold	Repair Location
12/23/2009 6:00	System	Immediate SAP Allocation		ILN
12/23/2009 6:31	bielanskp	From: Repair Bench	To: Gallery	Current Location
12/23/2009 6:52	Travisbw	From: Gallery	To: Gallery	ILN
				Transfer Number

☐ Shipping Hold  
☐ InterFace Hold  
☐ Estimate Sent  
☒ Parts Received  
☐ Passed Inspection  
☐ Return As Received  
☐ Has been Approved  
☐ Internal Repair

**Repair Search** **Refresh** **Close**

supply/ 12/23/2009 8:56 AM 1345 NUM INS ECRL

start Intel Microsoft Arms Services Repair ADDRESS - Mike

RECEIVED  
 DEC 28 2009  
 BY: .....



**Retail Inc., Fort Worth, TX (817) 337-2400**

# Dock Shipment Form

4162

Associate Name J. SHENDOCK  
 Date 12/10/09  
 Customer # 24"

Customer Name CABELAS  
 Mailing Address 12901 CABELA DR  
 City FORT WORTH  
 State TX Zip Code 76177  
 Home Phone \_\_\_\_\_ Contact Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Shipping Address (If different):  
 Recipient's Name REMINGTON ARMS (ATTN: ARMS SERVICES)  
 Shipping Address 14 HOFER AVE  
 City ILION  
 State NY Zip Code 13357  
 Ship to Phone \_\_\_\_\_ Contact Phone \_\_\_\_\_  
 POS Date \_\_\_\_\_ Tran \_\_\_\_\_ Reg \_\_\_\_\_

List Only Items Shipped				
Quantity	UPC/SKU	Description	Price	Extended Price
1	02973469	SN: 66879367 / ID# 1602466		

Serial Number: **66879367**

Model: **700**



**RE00183430**

*Improper Assm at Factory  
 Check over completely replace  
 TPA, FUNCTION TEST  
 WARRANTY*

Oversize items: \_\_\_\_\_ res \_\_\_\_\_  
 Reason for Shipping Override \_\_\_\_\_  
 Overriding Manager \_\_\_\_\_  
 State Taxed \_\_\_\_\_ % Charged \_\_\_\_\_  
 Associate Processing \_\_\_\_\_  
 Date Shipped \_\_\_\_\_  
 Tracking Number \_\_\_\_\_

Merchandise Total \_\_\_\_\_  
 Oversize fee \_\_\_\_\_  
 Shipping/Handling \_\_\_\_\_  
 Taxes \_\_\_\_\_  
 Total Order \_\_\_\_\_



02973469



BOLT ACTION CF RIFLE



00000001602466

SALES

## Firearms Repair Form

Date: 1 DEC 09

Store Gun: X Customer Gun:     

Inventory Repair: X Gunsmith Repair:     

Customer Name: CABELA'S

Phone #:                                 

Customer address:   

Manufacturer: REM Model: 700 ADL

Serial #: G6879367

Reacquired SKU/Gun ID: 602466, 02973469

**Note defect or service needed:**

GUN FIRING PIN DROPS WHEN MOVING FROM  
SAFE TO FIRE POSITION

**When repairs have been completed, please return to:**

**Cabela's**

**12901 Cabela Drive**

**Fort Worth, TX 76177**

**(817)337-2400**

# Federal Firearms License (18 U.S.C. Chapter 44)

In accordance with the provisions of Title I, Gun Control Act of 1968, and the regulations issued thereunder (27 CFR Part 478), you are licensed to engage in the business specified in this license, within the limitations of Chapter 44, Title 18, United States Code, and the regulations issued thereunder, until the expiration date shown. See "WARNINGS" and "NOTICES" on reverse.

Direct ATF  
Correspondence To  
ATF - Chief, FFLC  
2600 Century Parkway, NE Suite 110  
Atlanta, Georgia 30345-3104

License  
Number

**5-75-439-01-1F-02564**

Expiration  
Date

**June 1, 2011**

Chief, Federal Firearms Licensing Center (FFLC)

Name  
CABELA'S

Premises Address (Changes? Notify the FFLC at least 30 days before the move.)

**12901 CABELA DR  
FORT WORTH, TX 76177-**

Type of License

**01-DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES**

## Purchasing Certification Statement

The licensee named above shall use a copy of this license to assist a transferor of firearms to verify the identity and the licensed status of the licensee as provided by 27 CFR Part 478. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Firearms Licensee (FFL) or a responsible person of the FFL. I certify that this is a true copy of a license issued to the licensee named above to engage in the business specified above under "Type of License."

Mailing Address (Changes? Notify the FFLC of any changes.)

**CABELA'S RETAIL TX, LP  
CABELA'S  
ONE CABELA DR  
SIDNEY, NE 69160-**

Licensee/Responsible Person Signature

Position/Title

Printed Name

Date

ATF Form 8 (3310)  
Revised December

Previous Edition is Obsolete

CABELA'S RETAIL TX, LP, 12901 CABELA DR, FORT WORTH, TX 76177-5735, 5-75-439-01-1F-02564, JUN 1, 2011, 01-DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES

## Federal Firearms License (FFL) Customer Service Information

Federal Firearms Licensing Center (FFLC)  
2600 Century Parkway NE Suite 110  
Atlanta, Georgia 30345-3104

Toll-free Telephone Number: (866) 662-2750  
Toll-free Fax Number: (866) 257-2749  
E-mail: NLC@atf.gov

ATF Homepage: [www.atf.gov](http://www.atf.gov)  
FFL eZ Check: [www.atfonline.gov/fflezcheck](http://www.atfonline.gov/fflezcheck)

**Change of Address (27 CFR 478.52).** Licensees may during the term of their current license remove their business or activity to a new location at which they regularly carry on such business or activity by filing an Application for an Amended Federal Firearms License, ATF Form 5300.38, in duplicate, not less than 10 days prior to such removal with the Chief, Federal Firearms Licensing Center. The application must be executed under the penalties of perjury and penalties imposed by 18 U.S.C. 924. The application shall be accompanied by the licensee's original license. The license will be valid for the remainder of the term of the original license. The Chief, FFLC, shall, if the applicant is not qualified, refer the application for amended license to the Director of Industry Operations for denial in accordance with § 478.71.)

**Right of Succession (27 CFR 478.56).** (a) Certain persons other than the licensee may secure the right to carry on the same firearms or ammunition business at the same address shown on, and for the remainder of the term of, a current license. Such persons are: (1) The surviving spouse or child, or executor, administrator, or legal representative of a deceased licensee; and (2) A receiver or trustee in bankruptcy, or an assignee for benefit of creditors. (b) In order to secure the right provided in this section, the person or persons continuing the business shall furnish the license for that business for endorsement of such succession to the Chief, FFLC, within 10 days from the date on which the successor begins to carry on the business.

(Continued on reverse)

Cut Here

## Federal Firearms License (FFL) Information Card

License Name: **CABELA'S RETAIL TX, LP**

Business Name: **CABELA'S**

License Number: **5-75-439-01-1F-02564**

License Type: **01-DEALER IN FIREARMS OTHER THAN  
DESTRUCTIVE DEVICES**

Expiration: **June 1, 2011**

## FFL Newsletter - Electronic Version Available

Sign-Up Today!

FFLs interested in receiving the electronic version of the FFL Newsletter, along with occasional additional information, should submit an FFL number, and e-mail address to: [FFLNewsletter@atf.gov](mailto:FFLNewsletter@atf.gov).

The electronic FFL Newsletter will enable ATF to communicate information to licensees on a periodic basis.

U.S. Department of Justice  
Bureau of Alcohol, Tobacco, Firearms and Explosives

## Firearms Transaction Record Part I - Over-the-Counter

**WARNING:** You may not receive a firearm if prohibited by Federal or State law. The information you provide will be used to determine whether you are prohibited under law from receiving a firearm. Certain violations of the Gun Control Act, 18 U.S.C. §§ 921 *et seq.*, are punishable by up to 10 years imprisonment and/or up to a \$250,000 fine.

Transferor's Transaction  
Serial Number (If any)

Prepare in original only. All entries must be handwritten in ink. Read the Notices, Instructions, and Definitions on this form. "PLEASE PRINT."

### Section A - Must Be Completed Personally By Transferee (Buyer)

1. Transferee's Full Name Last Name <b>REMINGTON ARMS</b>			First Name		Middle Name (If no middle name, state "NMN")				
2. Current Residence Address (U.S. Postal abbreviations are acceptable. Cannot be a post office box.) Number and Street Address <b>14 HOEFLER AVE</b>			City <b>ILION</b>		County		State <b>NY</b>	ZIP Code <b>13357</b>	
3. Place of Birth U.S. City and State <b>-OR-</b>		Foreign Country		4. Height Ft. _____ In. _____	5. Weight (Lbs.)	6. Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	7. Birth Date Month _____ Day _____ Year _____		
8. Social Security Number (Optional, but will help prevent misidentification)				9. Unique Personal Identification Number (UPIN) if applicable (See Instructions for Question 9.)					
10. Race (Ethnicity) (Check one or more boxes. See Instructions for Question 10.)									
<input type="checkbox"/> American Indian or Alaska Native			<input type="checkbox"/> Black or African American			<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
<input type="checkbox"/> Hispanic or Latino			<input type="checkbox"/> Asian			<input type="checkbox"/> White			
11. Answer questions 11.a. (see exceptions) through 11.i. and 12 (if applicable) by checking or marking "yes" or "no" in the boxes to the right of the questions.									
a. Are you the actual transferee/buyer of the firearm(s) listed on this form? <b>Warning: You are not the actual buyer if you are acquiring the firearm(s) on behalf of another person. If you are not the actual buyer, the dealer cannot transfer the firearm(s) to you. (See Instructions for Question 11.a.) Exception: If you are picking up a repaired firearm(s) for another person, you are not required to answer 11.a. and may proceed to question 11.b.</b>								Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year? (See Instructions for Question 11.b.)								Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Have you ever been convicted in any court of a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? (See Instructions for Question 11.c.)								Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Are you a fugitive from justice?								Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance?								Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Have you ever been adjudicated mentally defective (which includes a determination by a court, board, commission, or other lawful authority that you are a danger to yourself or to others or are incompetent to manage your own affairs) OR have you ever been committed to a mental institution? (See Instructions for Question 11.f.)								Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. Have you been discharged from the Armed Forces under dishonorable conditions?								Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? (See Instructions for Question 11.h.)								Yes <input type="checkbox"/>	No <input type="checkbox"/>
i. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? (See Instructions for Question 11.i.)								Yes <input type="checkbox"/>	No <input type="checkbox"/>
j. Have you ever renounced your United States citizenship?								Yes <input type="checkbox"/>	No <input type="checkbox"/>
k. Are you an alien illegally in the United States?								Yes <input type="checkbox"/>	No <input type="checkbox"/>
l. Are you a nonimmigrant alien? (See Instructions for Question 11.l.) If you answered "no" to this question, do NOT respond to question 12 and proceed to question 13.								Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. If you are a nonimmigrant alien, do you fall within any of the exceptions set forth in the instructions? (If "yes," the licensee must complete question 20d.) (See Instructions for Question 12.) If question 11.l. is answered with a "no" response, then do NOT respond to question 12 and proceed to question 13.								Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. What is your State of residence (if any)? (See Instructions for Question 13.)			14. What is your country of citizenship? (List/check more than one, if applicable. If you are a citizen of the United States, proceed to question 16.) <input type="checkbox"/> United States of America <input type="checkbox"/> Other (Specify)			15. If you are not a citizen of the United States, what is your U.S.-issued alien number or admission number?			

Note: Previous Editions Are Obsolete

Transferee (Buyer) Continue to Next Page  
STAPLE IF PAGES BECOME SEPARATED

I certify that my answers to Section A are true, correct, and complete. I have read and understand the Notices, Instructions, and Definitions on ATF Form 4473. I understand that answering "yes" to question 11.a. if I am not the actual buyer is a crime punishable as a felony under Federal law, and may also violate State and/or local law. I understand that a person who answers "yes" to any of the questions 11.b. through 11.k. is prohibited from purchasing or receiving a firearm. I understand that a person who answers "yes" to question 11.l. is prohibited from purchasing or receiving a firearm, unless the person also answers "yes" to question 12. I also understand that making any false oral or written statement, or exhibiting any false or misrepresented identification with respect to this transaction, is a crime punishable as a felony under Federal law, and may also violate State and/or local law. I further understand that the repetitive purchase of firearms for the purpose of resale for livelihood and profit without a Federal firearms license is a violation of law (See Instructions for Question 16).

16. Transferee's/Buyer's Signature

REPAIR TRANSFER

17. Certification Date

12/10/09

**Section B - Must Be Completed By Transferor (Seller)**

18. Type of firearm(s) to be transferred (check or mark all that apply):

☐ Handgun ☒ Long Gun ☐ Other Firearm (Frame, Receiver, etc.  
(rifles or See Instructions for Question 18.)  
shotguns)

19. If sale at a gun show or other qualifying event.

Name of Event

City, State

20a. Identification (e.g., Virginia Driver's license (VA DL) or other valid government-issued photo identification.) (See Instructions for Question 20.a.)

Issuing Authority and Type of Identification

Number on Identification

Expiration Date of Identification (if any)

Month

Day

Year

20b. Alternate Documentation (if driver's license or other identification document does not show current residence address)

20c. All Aliens: Type and dates of documents that establish 90-day residency (e.g., utility bills or lease agreements). (See Instructions for Question 20.c.)

Type(s) of Document

Date(s) of residence indicated on documents

20d. Nonimmigrant Aliens Must Provide: Type of documentation showing an exception to the nonimmigrant alien prohibition. (See Instructions for Question 20.d.)

**Questions 21, 22, or 23 Must Be Completed Prior To The Transfer Of The Firearm(s) (See Instructions for Questions 21, 22 and 23.)**

21a. Date the transferee's identifying information in Section A was transmitted to NICS or the appropriate State agency: (Month/Day/Year)

Month

Day

Year

21b. The NICS or State transaction number (if provided) was:

21c. The response initially provided by NICS or the appropriate State agency was:

☐ Proceed  
☐ Denied  
☐ Cancelled

☐ Delayed  
[The firearm(s) may be transferred on  
\_\_\_\_\_ (MDI date provided by NICS)  
if State law permits (optional)]

21d. If initial NICS or State response was "Delayed," the following response was received from NICS or the appropriate State agency

☐ Proceed \_\_\_\_\_ (date)  
☐ Denied \_\_\_\_\_ (date)  
☐ Cancelled \_\_\_\_\_ (date)  
☐ No resolution was provided within 3 business days.

21e. (Complete if applicable.) After the firearm was transferred, the following response was received from NICS or the appropriate State agency on: \_\_\_\_\_ (date). ☐ Proceed ☐ Denied ☐ Cancelled

21f. The name and Brady identification number of the NICS examiner (Optional)

(name)

(number)

22. ☐ No NICS check was required because the transfer involved only NFA firearm(s). (See Instructions for Question 22.)

23. ☐ No NICS check was required because the buyer has a valid permit from the State where the transfer is to take place, which qualifies as an exemption to NICS (See Instructions for Question 23.)

Issuing State and Permit Type

Date of Issuance (if any)

Expiration Date (if any)

Permit Number (if any)

**Section C - Must Be Completed Personally By Transferee (Buyer)**

If the transfer of the firearm(s) takes place on a different day from the date that the transferee (buyer) signed Section A, the transferee must complete Section C immediately prior to the transfer of the firearm(s). (See Instructions for Question 24 and 25.)

I certify that my answers to the questions in Section A of this form are still true, correct and complete.

24. Transferee's/Buyer's Signature

25. Recertification Date



**Section D - Must Be Completed By Transferor (Seller)**

26. Manufacturer and/or Importer (If the manufacturer and importer are different, the FFL should include both.)	27. Model	28. Serial Number	29. Type (pistol, revolver, rifle, shotgun, receiver, frame, etc.) (See instructions for question 29)	30. Caliber or Gauge
REMINGTON	700 ADL	G6879367 / 10#1602466	RIFLE	.308 WIN

30a. Total Number of Firearms (Please handwrite by printing e.g., one, two, three, etc. Do not use numerals.) ONE

30b. Is any part of this transaction a Pawn Redemption? ☐ Yes ☒ No

30c. For Use by FFL (See Instructions for Question 30c.)

**Complete ATF Form 3310.4 For Multiple Purchases of Handguns Within 5 Consecutive Business Days**

31. Trade/corporate name and address of transferor (seller) (Hand stamp may be used.)	32. Federal Firearms License Number (Must contain at least first three and last five digits of FFL Number X-XX-XXXXX.) (Hand stamp may be used.)
<b>Cabela's</b> 12901 Cabela Drive Fort Worth, TX 76177	<b>FFL # 5-75-439-01-1F-02564</b>

**The Person Transferring The Firearm(s) Must Complete Questions 33-36. For Denied/Cancelled Transactions, The Person Who Completed Section B Must Complete Questions 33-35.**

I certify that my answers in Sections B and D are true, correct, and complete. I have read and understand the Notices, Instructions, and Definitions on ATF Form 4473. On the basis of: (1) the statements in Section A (and Section C if the transfer does not occur on the day Section A was completed); (2) my verification of the identification noted in question 20a (and my reverification at the time of transfer if the transfer does not occur on the day Section A was completed); and (3) the information in the current State Laws and Published Ordinances, it is my belief that it is not unlawful for me to sell, deliver, transport, or otherwise dispose of the firearm(s) listed on this form to the person identified in Section A.

33. Transferor's/Seller's Name (Please print)	34. Transferor's/Seller's Signature	35. Transferor's/Seller's Title	36. Date Transferred
JOHN SHENDUCK	<i>Joe Sled</i>	OUTFITTER	12/10/09

**NOTICES, INSTRUCTIONS AND DEFINITIONS**

**Purpose of the Form:** The information and certification on this form are designed so that a person licensed under 18 U.S.C. § 923 may determine if he or she may lawfully sell or deliver a firearm to the person identified in Section A, and to alert the buyer of certain restrictions on the receipt and possession of firearms. This form should only be used for sales or transfers where the seller is licensed under 18 U.S.C. § 923. The seller of a firearm must determine the lawfulness of the transaction and maintain proper records of the transaction. Consequently, the seller must be familiar with the provisions of 18 U.S.C. §§ 921-931 and the regulations in 27 CFR Part 478. In determining the lawfulness of the sale or delivery of a long gun (rifle or shotgun) to a resident of another State, the seller is presumed to know the applicable State laws and published ordinances in both the seller's State and the buyer's State.

After the seller has completed the firearms transaction, he or she must make the completed, original ATF Form 4473 (which includes the Notices, General Instructions, and Definitions), and any supporting documents, part of his or her permanent records. Such Forms 4473 must be retained for at least 20 years. Filing may be chronological (by date), alphabetical (by name), or numerical (by transaction serial number), as long as all of the seller's completed Forms 4473 are filed in the same manner. **FORMS 4473 FOR DENIED/CANCELLED TRANSFERS MUST BE RETAINED:** If the transfer of a firearm is denied/cancelled by NICS, or if for any other reason the transfer is not complete after a NICS check is initiated, the licensee must retain the ATF Form 4473 in his or her records for at least 5 years. Forms 4473 with respect to which a sale, delivery, or transfer did not take place shall be separately retained in alphabetical (by name) or chronological (by date of transferee's certification) order.

If you or the buyer discover that an ATF Form 4473 is incomplete or improperly completed after the firearm has been transferred, and you or the

buyer wish to make a record of your discovery, then photocopy the inaccurate form and make any necessary additions or revisions to the photocopy. You only should make changes to Sections B and D. The buyer should only make changes to Sections A and C. Whoever made the changes should initial and date the changes. The corrected photocopy should be attached to the original Form 4473 and retained as part of your permanent records.

**Over-the-Counter Transaction:** The sale or other disposition of a firearm by a seller to a buyer, at the seller's licensed premises. This includes the sale or other disposition of a rifle or shotgun to a nonresident buyer on such premises.

**State Laws and Published Ordinances:** The publication (ATF P 5300.5) of State firearms laws and local ordinances ATF distributes to licensees.

**Exportation of Firearms:** The State or Commerce Departments may require you to obtain a license prior to export.

**Section A**

**Question 1. Transferee's Full Name:** The buyer must personally complete Section A of this form and certify (sign) that the answers are true, correct, and complete. However, if the buyer is unable to read and/or write, the answers (other than the signature) may be completed by another person, excluding the seller. Two persons (other than the seller) must then sign as witnesses to the buyer's answers and signature.

When the buyer of a firearm is a corporation, company, association, partnership, or other such business entity, an officer authorized to act on behalf of the business must complete Section A of the form with his or her personal information, sign Section A, and attach a written statement, executed under penalties of perjury, stating: (A) the firearm is being acquired for the use of and will be the property of that business entity and (B) the name and address of that business entity.

ATF Form 4473 (5300.9) Part I  
Revised August 2008