

Wisconsin Department of Justice
 Sec. 175.35, Wis. Stats.
 DJ-LE-FH2, Rev. 11/92

NO: **SAMPLE FORM**

**FIREARMS DEALER NOTIFICATION
 (HANDGUN TRANSFERS)**

Handgun Hotline 1-800-262-4867

All entries on this form must be printed in ink. See general information and instructions on reverse side.

SECTION 1 TRANSFEREE (Buyer)									
1. Transferee (Buyer's) Legal Name (Last, First, MI)					2. Other name(s) used now or at any time in the past (e.g., maiden/alias)				
3. Sex	4. Race	5. Date of Birth (Month/Day/Year)			6. Height	7. Weight	8. Hair	9. Eyes	
10. Residence Address					11. City		12. State	13. Zip	
14. Transferee (Buyer) Certification I give my word that:					<p>If both conditions cannot be truthfully checked, the dealer may not transfer a firearm to the buyer unless the buyer has received a pardon for the crime or felony and has been expressly authorized to possess a firearm under 18 USC app. 1203 or has obtained relief from disabilities under 18 USC 925(c). If that is the case, the buyer must provide positive proof prior to obtaining the firearm.</p>				
<input type="checkbox"/> I have not been convicted of a felony in this state or a crime elsewhere that would be a felony if committed in Wisconsin (a felony is defined as a crime punishable by one year or more in prison). <input type="checkbox"/> I have never been found not guilty of a felony in this state or a crime elsewhere that would be a felony in Wisconsin by reason of insanity or mental disease, defect or illness.									
15. I certify under and in accordance with s. 175.35(2e) of the Wisconsin Statutes that all statements on this form are true. I understand that if I knowingly make a false statement, I am subject to penalties of up to a \$10,000 fine and up to 9 months imprisonment under s. 175.35(3) of the Wisconsin Statutes.									
Buyer's Signature							Date		
SECTION 2 FIREARMS DEALER (Seller)									
16. Type of Photo Identification (Required)					17. Firearms Dealer Business Name and Address				
<input type="checkbox"/> Driver's License # _____ <input type="checkbox"/> Wisconsin Identification Card # _____ <input type="checkbox"/> Other (Please Specify) _____									
18. Dealer Clerk's Signature					Date		19. Dealer Identification Number (DIN)		
20. Name of Caller					21. Date		22. Time of Call		23. Hotline Operator Number
							AM PM		
24. Call Confirmation Number			25. Transfer Approval Number			26. Transfer Nonapproval Number			
27. Date of Transfer			28. Time of Transfer		29. Transferred by				
			AM PM						
Mail "CIB" copy to Crime Information Bureau, ATTN: Firearms Hotline, Post Office Box 2718, Madison, Wisconsin 53701-2718 within 24 hours after transfer of the firearm or notification of nonapproval.									

GENERAL INFORMATION

- 1) Dealer and buyers must conform to federal requirements in addition to completion of this form.
- 2) Completion of this form is required in accordance with s. 175.35(2g) of the Wisconsin Statutes and with Chapter Jus. 10, Wisconsin Administrative Code. If the buyer cannot read or write, the form must be completed by a person other than the dealer after a careful consultation with the buyer. After the form is completed, the dealer shall question the buyer to ensure that the form is truthfully and fully completed. The buyer's mark shall be obtained in the "Buyer's Signature" block and be witnessed by the individual that helped to complete the form.
- 3) The Wisconsin Department of Justice (DOJ) must accomplish a mandatory felony check to ensure that a person may lawfully possess a handgun under s. 941.29 of the Wisconsin Statutes.

Section 941.29 prohibits possession of a firearm if a person has been:

- Convicted of a felony in Wisconsin
 - Convicted of a crime elsewhere that would be a felony if committed in Wisconsin
 - Found not guilty of a felony in Wisconsin by reason of mental disease or defect
 - Found not guilty of or not responsible for a crime elsewhere that would be a felony in Wisconsin by reason of insanity or mental disease, defect or illness
 - Adjudicated delinquent for an act committed on or after April 21, 1994, that if committed by an adult in Wisconsin would be a felony
 - Committed for treatment under s. 51.20(13)(a) and ordered not to possess a firearm under s. 51.20(13)(cv)
 - Subject to a court order under the harassment injunction law (sec. 813.125) prohibiting the possession of a firearm.
 - Subject to a domestic abuse injunction or domestic abuse tribal injunction (sec. 813.12) or a child abuse injunction (sec. 813.122) prohibiting the possession of a firearm. [Note: This question applies to proceedings which were commenced on or after April 1, 1996.]
- 4) The information provided will not be used for other purposes.

INSTRUCTIONS

SECTION 1 Transferee (Buyer's Section)

- 5) Complete blocks 1 through 15 by legibly printing the required information in ink.
- 6) Use M (Male) or F (Female). Height should be entered as feet and inches (e.g., 6'4"). Authorized abbreviations for the remaining categories are:

<u>RACE</u>	<u>HAIR COLOR</u>	<u>EYE COLOR</u>
W White	BRO Brown RED Red	BLU Blue HAZ Hazel
B Black	BLK Black SDY Sandy	BRO Brown PNK Pink
I American Indian or Alaskan Native	BLN Blond WI White	GRY Gray XXX Other
A Asian or Pacific Islander	GRY Gray XXX Other	GRN Green

- 7) Give the form to the dealer.
- 8) Furnish reliable identification that includes a photograph. A motor vehicle operator's license or state issued identification card are examples of reliable identification.

SECTION 2 Firearms Dealer (Seller's Section)

- 9) Complete all required information in ink.
- 10) The Dealer Identification Number (DIN) block in upper right hand corner of the form *is mandatory*.
- 11) Check transferee's photo identification and complete block 16.
- 12) A stamp may be used for block 17.
- 13) Dealer Clerk's Signature and Date of block 18.
- 14) Call the Handgun Hotline (1-800-262-4867) and provide the hotline operator with the form number printed in red and your Dealer Identification Number (DIN), both located in the upper right hand corner of the form and the information concerning the buyer.
- 15) Complete blocks 19 through 23. (The 48 hour waiting period begins when the Call Confirmation Number is issued.)
- 16) When the felony check is completed, record the Transfer Approval Number in block 24 or Nonapproval Number in block 25.
- 17) If a Nonapproval Number is issued, provide the buyer with his or her copy of the form and mail the "CIB" copy to the address provided below *within 24 hours*.
- 18) If a Transfer Approval Number is issued, complete blocks 26 through 28 at the time of the firearm transfer, provide the buyer with his or her copy of the form and mail the "CIB" copy to the address provided below *within 24 hours after transfer of the firearm*.

Crime Information Bureau
Attn: Handgun Hotline
Post Office Box 2718
Madison, Wisconsin 53701-2718

Wisconsin Department of Justice
Sec. 175.35, Wis. Stats.
DJ-LE-FH1 (07/91)

DOJ Dealer Identification No.

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 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 (optional)				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)

Authorized Telephone Number: 1-800-262-4867

