



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
DEPARTMENT OF PUBLIC SAFETY
GENERAL SUPPORT BUREAU
RECORDS AND FIREARMS SECTION

**APPLICATION FOR TRANSFER OF FIREARMS,
DANGEROUS DEVICE OR AMMUNITION**

DATE : _____

APPLICATION RECEIVED BY : _____

APPLICATION NO. : _____

RECEIPT NO. : _____

SAIPAN

TINIAN

ROTA

CHECK ONE:

- On this day the firearm dangerous device or ammunition described below as transferred to: On this day the firearm or dangerous device described was received by me as pledge or security from:
- On this day the ammunition dangerous device described below was received by me from: On this day the firearm or dangerous device described below was delivered to me for repair by:

1. Firearms

MANUFACTURER	TYPE	MODEL	CALIBER	SERIAL NUMBER

2. Dangerous device (explosive, incendiary or poison gas bomb, grenade, mine, etc.).

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3. Ammunition (CALIBER) (TYPE)

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TO: (ME)

NAME: (LAST) (FIRST) (MIDDLE)

ADDRESS: (RESIDENCE) (MAILING) TELEPHONE: (HOME) (WORK)

FIREARMS I.D. No:	EXPIRATION DATE:	OCCUPATION:
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SIGNATURE DATE

FROM:

NAME: (LAST) (FIRST) (MIDDLE)

ADDRESS: (RESIDENCE) (MAILING) TELEPHONE: (HOME) (WORK)

FIREARMS I.D. No:	EXPIRATION DATE:	OCCUPATION:
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SIGNATURE DATE

APPROVED DISAPPROVED

DATE: _____

REMARKS: _____

Commissioner of Public Safety or Designee