



DEPARTMENT OF PUBLIC SAFETY
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
 Jose M. Sablan Building, Civic Center Susupe
 P. O. Box 500791 Saipan, MP 96950
 Telephone: (670) 664-9001 (24 Hours) Facsimile: (670) 664-9019



FORM C: REPORT OF FIREARM TRANSFER

Section 1 – Instructions

The purpose of this form is to report the transfer of a registered firearm.

Section 2 – Transferor Information

The transferor is the person selling, giving, or transferring the firearm to another person or organization. Please provide the transferor's information below.

 Last Name or Organization Name

 First Name

 Middle Name

 Firearm Owner's ID Number

 Date of Birth

Section 3 – Transferee Information

The transferee is the person buying or receiving the firearm. Please provide the transferee's information below.

 Last Name or Organization Name

 First Name

 Middle Name

 Firearm Owner's ID Number

 Date of Birth

Section 3 – Description of Weapons

List the weapons that are being transferred. If you require additional space, then you may attach additional pages to this application.

_____	_____	_____	_____
Make	Model	Caliber	Serial Number
_____	_____	_____	_____
Make	Model	Caliber	Serial Number
_____	_____	_____	_____
Make	Model	Caliber	Serial Number
_____	_____	_____	_____
Make	Model	Caliber	Serial Number

Section 4 – Declaration

I declare under penalty of perjury that the foregoing information is true and correct. This declaration was executed on _____, 20____, in the Commonwealth or the Northern Mariana Islands.

Transferor Name (Print)

Transferee Name (Print)

Transferor Signature

Transferee Name (Signature)

Section 4 – Vendor Information or DPS Officer Information

I declare under penalty of perjury that I determined the identity of the above named transferor and transferee and that I conducted the firearm transaction in accordance with Commonwealth and Federal law. This declaration was executed on _____, 20____, in the Commonwealth or the Northern Mariana Islands.

Vendor Name or DPS

Employee Name (Print)

Vendor License Number

Employee Name (Signature)