

CUSTOMER INFORMATION

Please fill out this form completely and legibly.

Thank you for entrusting DC Laser to work with you on your project.

FIRST NAME

MIDDLE INITIAL

LAST NAME

BUSINESS NAME OR NAME OF TRUST (IF APPLICABLE)

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP CODE

E-MAIL ADDRESS

PHONE NUMBER

CHECK IF CELL/MOBILE

COUNTY

DRIVER'S LICENSE NUMBER & ISSUING STATE

LEGEND
 POLYMER PISTOL FRAME PPF
 METAL PISTOL FRAME MPF
 AR or AK LOWER AR/AK L
 AR or AK PISTOL LOWER AR/AK PL

QUAN	DESCRIPTION

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All firearms received (Acquisition) and retained overnight must be recorded and all Firearm records are subject to review and inspection by the U.S. Department of Justice, Bureau of Alcohol, Tobacco, Firearms and Explosives at any time without notice.

By signing and dating below, you acknowledge and understand these facts and attest that all information on this form is true to the best of your knowledge.

SIGNATURE

DATE