



AUTHORIZED PURCHASER OR TRANSFEREE CERTIFICATE

In connection with my purchase or transfer of a firearm, I hereby certify that: *(initial each item)*

1. _____. I have not been convicted of any other crime that would restrict my ability to purchase, possess and/or use a firearm under any federal, state or local law.
2. _____. I am not otherwise prohibited by federal, state or local law from purchasing, possessing and/or using a firearm.
3. _____. I am not under the influence of alcohol or other intoxicating, hallucinatory drug or substance, and am not an unlawful user of, abuser of, or addicted to, alcohol or any controlled substances.
4. _____. I have not been voluntarily admitted to a mental hospital within the preceding five years and have not been diagnosed as having a significant behavioral, emotional or mental disorder or condition of such a nature that it poses a clear and present danger to me, others, or the community. (Note: You may certify this if a state health department or other appropriate agency or medical care provider has removed such designation and certified that you may possess a firearm.)
5. _____. I am the end user of this firearm and certify that this firearm is not being purchased for resale.
6. _____. I am purchasing this firearm for on or off duty use as one of the following (including off duty use): *(check one)*
 - ☐ Sworn Law Enforcement Officer (includes LE Academy Cadets)
 - ☐ Retired Law Enforcement Officer
 - ☐ First Responder (EMT, Firefighter, Volunteer Firefighter, or Paramedic)
 - ☐ Corrections Officer (includes Parole and Probation Officers)
 - ☐ State Licensed Armed Security Officer
 - ☐ Court Judge, District Attorney, or Deputy District Attorney
 - ☐ U.S. Armed Forces (includes Reservists, National Guard, Active, Retired, Honorably Discharged, and Medical Discharges under Honorable Conditions)
 - ☐ Retired U.S. Armed Forces
 - ☐ Other Public Safety Professional (specify) _____
7. _____. I have not been, or am not currently, subject to any disciplinary action by the agency/organization where I am or was employed and I meet the standards, if any established by the agency/organization to regularly qualify in the use of a firearm.
8. **For active-duty or retired U.S. Armed Forces:**
 - _____. I have not been discharged and am not currently subject to discharge from the Armed Forces other than an Honorable Discharge.

Purchaser's Signature

Date

Purchaser's Name (Print)

Badge # or Official ID # [if applicable]

Agency/Organization Name: _____



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Page 2 – Internal Use Only

Instructions: For use by TSG associates when purchaser or transferee presents a federal identification that cannot be copied. This page is not required for other types of identification that can be copied.

Credential Verification for Federal Government Employees:

Purchaser Name: _____

Identification number and type: _____

Identification expiration date: _____

TSG associate certification: I certify that I have personally observed the purchaser's Federal Government credentials and verified the above information about those credentials.

TSG associate name: _____

Date: _____