Commonwealth of Virginia
Department of State Police

FIREARMS DEALER REGISTRATION

Prepare in duplicate. All entries on this form must be printed in ink or typed.

Please read notices and instructions on back of form.

1. Name of Person, Firm, Partnership, or Corporation (As listed on your Federal Firearms License.)

2. Street Address (Include number, street, city, state, zip code and county.)

3. Mailing Address (Include only if different from street address.)

4. Business Telephone Number
   Primary ___________________ Secondary ___________________

5. Federal Firearms License Number (Last 5 digits only.) 54 -

6. Tax Identification Number

7. Business License Number

8. Business Email Address (Preferred email address for routine business with the State Police Firearms Transaction Center.)

9. VCheck Contact (VCheck allows access to the instant criminal history record check program via the Internet. Include the below information for the person responsible for security of the password, employee training, and/or user name and password issues.)
   Name: __________________________________ Telephone Number: __________________ Email: __________________

10. The undersigned agrees to comply with the provisions of Section 18.2-308.2:2, Code of Virginia, and to comply with procedures set forth in the Virginia Firearms Transaction Program Procedures Manual for Firearm Dealers established by the Virginia Department of State Police.

   Name of person completing this registration form on behalf of the person, firm, partnership, or corporation listed on the Federal Firearms License:

   ________________________________ ___________________________________________
   Signature and Title                  Print Name                                  Date

Do not write below this line. State Police use only.

The named person, firm, partnership, or corporation is assigned Dealer Identification Number (DIN):

   ________________________________
   Signature of Approving Authority   Date

Confidential Telephone Number  Help Desk  Email: firearms@vsp.virginia.gov  Website: http://www.vsp.state.va.us/
1-800- 1-804-674-2292
Commonwealth of Virginia
Department of State Police

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   ____________________________________________
   ____________________________________________
   ____________________________________________

   Signature and Title                           Print Name                           Date

Do not write below this line. State Police use only.

THE NAMED PERSON, FIRM, PARTNERSHIP, OR CORPORATION IS ASSIGNED DEALER IDENTIFICATION NUMBER (DIN):

   ____________________________________________
   Signature of Approving Authority             Date

Confidential Telephone Number  Help Desk  Email: firearms@vsp.virginia.gov
1-800-  1-804-674-2292  Website: http://www.vsp.state.va.us/

COPY 1
NOTICES

Section 18.2-308.2:2, of the Code of Virginia, requires all persons, firms, partnerships, or corporations, licensed by the Bureau of Alcohol, Tobacco, Firearms, and Explosives as a firearms dealer, to contact the Department of State Police for a criminal history record information check to be performed on the prospective firearms purchaser prior to the actual release of the firearm. The Virginia Department of State Police is the official Point of Contact (POC) for the FBI’s National Criminal Instant Check System (NICS).

Firearms dealers must register with the Department of State Police, Firearms Transaction Center, to be assigned a Dealer Identification Number (DIN). The State Police Firearms Transaction Center will not conduct a criminal history record information check without a valid DIN provided by the dealer.

Dealer registration records must be maintained current and accurate at all times. Registered firearms dealers must notify the Firearms Transaction Center Help Desk promptly upon any change in registration information, i.e., telephone number, address, federal firearms license number, tax identification number, business license number, etc.

The DIN is confidential and shall be used only by firearms dealers or those persons authorized by the Department of State Police.

The toll free number on this form is an unpublished number and is not to be disclosed to persons other than firearms dealers or their designees.

VCheck (Virginia’s Instant Criminal Background Check) provides Virginia firearms dealers with easy Internet access to the State Police’s firearms transaction system, and is accessed via your Internet service provider. A member of the FTC Support Team will contact you by telephone to finalize your VCheck authorization. In addition to a user ID and password, a “Store Key” will be provided for extra security purposes.

INSTRUCTIONS

Mail completed registration form to:

Firearms Transaction Center
Criminal Justice Information Services Division
Department of State Police
Post Office Box 85608
Richmond, Virginia 23285-5608

The following will be returned to the dealer upon registration: SP-69 original which will include assignment of a Dealer Identification Number (DIN), a supply of Virginia Firearms Transaction Record (SP-65) forms, and a Procedures Manual for Firearms Dealers.