

FIREARMS SELLER EXEMPTION REQUEST
TO THE FINGERPRINT BACKGROUND CHECK REQUIREMENT OF VIRGINIA CODE 18.2-308.2:3

Part I - Dealer Affidavit

I, _____ hereby swear, under the penalty of perjury, that as a
(Print Dealer First, Middle, Last Name)
condition of obtaining a federal firearms license, each person requesting an exemption in this affidavit has been subjected to a fingerprint identification check by the Bureau of Alcohol, Tobacco, and Firearms, and the Bureau of Alcohol, Tobacco, and Firearms subsequently determined that each person satisfied the requirements of 18 U.S.C. § 921 et seq. I understand that any person convicted of making a false statement in this affidavit is guilty of a Class 5 felony and that in addition to any other penalties imposed by law, a conviction under this section shall result in the forfeiture of my federal firearms license. The individuals listed in Part II of this application have been subjected to a fingerprint criminal record check and approved by the ATF.

Signature: _____ FFL #: _____ Date: _____

Name (print first, middle, and last name): Date of Birth:
Place of Birth (County or City and State): Race: Sex: Social Security Number:
United States Citizen, Yes or No.
If No, include INS-issued alien or admission number.

COMMONWEALTH OF VIRGINIA [] CITY [] COUNTY OF _____ TO WIT:
ACKNOWLEDGED, SUBSCRIBED AND SWORN TO BEFORE ME ON _____ (DATE)
_____ MY COMMISSION EXPIRES _____ (DATE)
NOTARY PUBLIC

Part II - Exemption Request

Applicant #1

Name (print first, middle, and last name): Date of Birth:
Place of Birth (County or City and State): Race: Sex: Social Security Number:
United States Citizen, Yes or No.
If No, include INS-issued alien or admission number.

Applicant #2

Name (print first, middle, and last name): Date of Birth:
Place of Birth (County or City and State): Race: Sex: Social Security Number:
United States Citizen, Yes or No.
If No, include INS-issued alien or admission number.

Applicant #3

Name (print first, middle, and last name): Date of Birth:
Place of Birth (County or City and State): Race: Sex: Social Security Number:
United States Citizen, Yes or No.
If No, include INS-issued alien or admission number.

Applicant #4

Name (print first, middle, and last name): Date of Birth:
Place of Birth (County or City and State): Race: Sex: Social Security Number:
United States Citizen, Yes or No.
If No, include INS-issued alien or admission number.

Forward the original completed and notarized form to the Firearms Transaction Center, Post Office Box 85608, Richmond, VA 23285-5608.