

Requisition for Forms or Publications

SEND TO: (Submit first copy only) ATF DISTRIBUTION CENTER P.O. BOX 5950 SPRINGFIELD, VA 22150-5950			ATF USE ONLY CONTROL NUMBER:
1. Date Requested	2. User's Registration Number	3. For Information Call (Name, Tel. No., Ext.)	
4. Delivery Normal <input type="checkbox"/> Priority <input type="checkbox"/>		5. Shipping Type	6. Delivery Date
FOR INDUSTRIAL USERS ONLY		FOR ATF USE ONLY	
7. Permit/License/Plant No.		8. Supervisor Approval	9. Office Code

FORM OR PUB. NO.	TITLE OR DESCRIPTION	QUANTITY REQUESTED	QUANTITY FURNISHED
		TOTAL:	

DELIVERY ADDRESS			NOTE: To better serve you, please: 1. Order a year's supply at a time, if possible. 2. Item 6. ATF Supervisor will authorize shipping priorities and quantity requested. 3. Item 7. Office code must be used to authorize contractor shipment.
Name			
Complete Street Address (Exclude P.O. Box and Route Number)			
City	State	Zip Code	

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The information requested on this form is necessary to fulfill requests from the public for various forms and publications concerning firearms and explosives. The supplying of information by the respondent is voluntary.

The estimated average burden associated with this collection of information is 3 minutes per respondent or recordkeeper depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.