Interstate Firearms Shipment Theft/Loss Report

	Name		Address			Telephone Number	
Shipper/Transferor							
Consignee/Transferee							
Carrier							
Shipment Tracking Number Shipper/Ca			aim Num	ber		Date Shipped	
Name of Reporting Company			Federal Firearms License Number (If applicable)				
Name and Title of Person Ma	aking Report (Please type AN	D sign name)					
Telephone Number		Date					
		Firearm(s	s) Descrip	tion			
Туре	Manufacturer	Model		Caliber	Sei	rial Number	Date Acquired
Shipment Description		I	I		1		
Individual Parcel	Shri	nk Wrapped Palle	t 🗌				
Pallet Other (Describe)							
Brief Summary of Incident:							

Mail this form to: ATF, Stolen Firearms Program Manager 244 Needy Rd. Martinsburg, WV 25405 For more information you may call toll free: 888-930-9275

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection documents reports of theft or loss of firearms experienced by common carriers in interstate shipment. ATF uses the information to investigate and perfect criminal cases. The information requested is voluntary.

The estimated average burden associated with this collection of information is 20 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.