U.S. Department of Justice Bureau of Alcohol, Tobacco, Firearms and Explosives

Report of Multiple Sale or Other Disposition of Pistols and Revolvers

| (P) | ease complete all information | on) | | | | | | | |
|--|---|-------------------------------------|--|--|---|--------------------------|----------------|-------------|--|
| | Date of Report | * | eral Firearms I | icensee (F | FL) Number | | | | |
| 21 | | | | | | | | | |
| 2b. | 2b. Trade or Corporate Name and Full Address (If you have complete information available on a rubber stamp, please place information here.) | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2c. Are any of the firearm(s) connected to another | | | | | | | | | |
| | | | | | specify date.) (See instruction 2.) Yes No Date | | | | |
| 2d. | If you sold these firearms a | at a gun show or other qualifyir | ig event, identi | fy the ever | t and provide a co | omplete address of the | event. | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 3. | Any combination of pistols an | d revolvers disposed of to the same | unlicensed perso | on at one tim | e or during any five | - | . (See instruc | ction 3.) | |
| | Manufacturer | Importer | | Model | Serial Numb | per (pistol or revolver) | Caliber | Acquisition | |
| _ | | | | | | (pisioi or revolver) | | Date | |
| _ | | | | | | | | | |
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| _ | | | | | | | | | |
| | Transferse's Name (Last | Einst Middle) | | | | | | | |
| 4. | Transferee's Name (Last, | First, Midale) | | | | | | | |
| _ | | | | | | | | | |
| 5. | Full Residential Address (| Number, Street, City, County, S | tate, ZIP Code |) | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 6. | Sex | 7a. Ethnicity | | neck one or more boxes.) (See instruction 5.) | | | | | |
| | Hispanic or Latino | | American Indian or Alaska Native African American or Black White | | | | | | |
| | | Not Hispanic or Latino Asian | | Native Hawaiian or Other Pacific Islander D State 11. Date of Birth 12. Place of Birth (City, State, Country) | | | | | |
| 8. | Identification Number | 9. Type of Identification (ID) |) 10. ID | State 1 | 1. Date of Birth | 12. Place of Birth (Ci | ty, State, Coi | intry) | |
| | | | | | | | | | |
| 13. | | listed in Item 4 is a person autl | | | f a corporation, co | ompany, association, pa | rtnership or o | other such | |
| | | omplete the following, if applic | able: (See inst | ruction 6.) | | | | | |
| | Name and Full Address o | f Business Entity | | | | | | | |
| | | | | | | | | | |
| 14a | . Identify the official design | ated by the State or local autho | rities where yo | ou, the FFL | , will be forwardi | ng Copy 2. | | | |
| | | | | | | | | | |
| N | ame of Agency | | Full S | treet Addre | ss, City, and State | <u> </u> | | | |
| | o. Date Copy 2 was forward | ed to Agency | 1 411 5 | | ss, city, and state | , | | | |
| | | lating to the Transfer of the Fire | earms (if annli | cable) | | | | | |
| 1). | Additional Information Re | iming to the Transfer of the File | линь (у ирри | idoie) | | | | | |
| | | | | | | | | | |
| 16. | Name of Employee Filling | Out This Form | | 17. Da | te This Form Was | s Completed | | | |
| | | | | | | | | | |

Instructions

- 1. Federal Firearms Licensees (FFLs) must use this form to report all transactions in which an unlicensed person (i.e., non-FFL holder) acquired any combination of two or more pistols or revolvers totaling two or more at one time or during five consecutive business days. This form is not required when the pistols or revolvers are returned to the same person from whom they are received.
- 2. If this transaction includes an additional firearm(s) connected to a previously submitted multiple sale check "yes" and enter the date of the previous Multiple Sale form. (For example, a multiple sale for purchases made on a Monday and Friday must be submitted by the close of business Friday. If an additional purchase is made within the five days from the Friday purchase, this purchase is part of the previous multiple sale and must be reported as part of that multiple sale under 2c.)
- 3. A separate form is to be submitted for each unlicensed person. If more than six pistols and/or revolvers are involved in a transaction, the information required by Item 3 must be provided for additional pistols and revolvers on a separate sheet of paper, and shall be attached to the ATF Form 3310.4 covering the transaction.
- 4. Licensees must complete Items 1–12, 14, and 16 entirely. Items 13 and 15 must be completed, if applicable.
- 5. Refer to the Race and Ethnicity information provided on the ATF Form 4473 associated with this transaction when filling out the Race and Ethnicity information on this form.
- 6. Business Entities Information identifying the business entity must be recorded in Item 13. The authorized person receiving the firearms must be identified in Items 4–12 of this form.
- 7. The report is to be submitted to:
 - a. **Copy 1**–Email, fax, or mail to the ATF National Tracing Center no later than the close of business on the day that the multiple sale or other disposition occurs. The email address is **multiplehandgunsalesforms@atf.gov.** The fax number is 1-877-283-0288.

Mailing address:

ATF National Services Center National Tracing Center 244 Needy Road Martinsburg, WV 25405

b. Copy 2–To Chief Local Law Enforcement Official (CLEO). The CLEO is a local or State official designated to receive this form. If you do not know your CLEO, contact your local ATF Office to find out. Provide Copy 2 to your CLEO.

Instructions to CLEOs receiving Copy 2 of this form: 18 U.S.C. § 923(g)(3)(B) provides in part that you certify in writing every six months that no disclosures have been made and that the multiple sales forms on non-prohibited persons have been destroyed by the CLEO as required by law. The following statement can be used for this purpose: "I hereby certify on behalf of (your specific agency name) that for the period of six months (give specific dates) there have been no disclosures of Multiple Sales Forms contrary to the provisions of the Brady Handgun Violence Protection Act, and that all forms and any record of the contents thereof have been destroyed as provided by that law." This statement is to be dated and on your agency letterhead, signed by the proper official and forwarded by the CLEO to: ATF National Services Center, National Tracing Center, 244 Needy Road, Martinsburg, WV 25405.

- c. Copy 3–Regulation 478.126a requires the licensee to retain one copy of Form 3310.4 and attach it to the firearms transaction record, ATF Form 4473, executed upon delivery of the pistols or revolvers.
- 8. Additional forms may be obtained through the ATF Distribution Center, 4230 Forbes Blvd. Ste. J, Lanham, MD 20706, (240) 828-5316, or online at www.atf.gov.

Privacy Act Information

Solicitation of this information is authorized under 18 U.S.C. § 923(g). The information is used to determine if the buyer (transferee) is involved in any unlawful activity. The information is stored and retrieved in accordance with Department of Justice/ATF-008 Regulatory Enforcement Record System, 68 FR 3558, dated January 24, 2003.

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection documents certain sales or other dispositions of handguns for law enforcement purposes. The information is used to determine if the buyer (transferee) is involved in an unlawful activity. The information requested is mandatory and required by statute. 18 U.S.C. § 923(g).

The estimated average burden associated with this collection is 15 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 directed to Reports Management Officer,

Resource Management Staff, Contract and Forms Office, Bureau of Alcohol, Tobacco, Firearms and Explosives, 99 New York Avenue, NE, 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.