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

## Interstate Firearms Shipment Theft /Loss Report

Name and I		FFL#	Address			Telephone Number		
Shipper/Transferor								
Consignee/Transferee								
Carrier								
Shipment Tracking Num	ber	Carrier Claim Numb		ber (if available)			Date Shipped	
Name of Reporting Com	pany							
Full Name and Position	of Person Making Report (Ple	ease print )	e print )		Telephone N	ne Number Date		
Email Address of Shipper or Person Making Report  Signature of Person Making Report								
Firearm(s) Description (Use ATF Form 3310.11A Continuation Sheet additional space is needed)  Type Manufacturer Model Caliber Serial Number Date Acquired							A . 1	
1390	Manaractarer	Nodel	Carloci	)		Date	27requireu	
	•	2						
Some or all of the stolen/missing inventory listed above falls within the purview of the National Firearms Act (NFA).								
Shipment Description Individual Parcel Pallet			k Wrapped Pallet (Describe):					
Brief Summary of Incide	ent:							
	o required by law to submit ATF Fo	orm 3310.11. Completed						
MAIL THIS FORM TO:		FAX THIS FORM TO: STOLENFIREARMS@atf.gov  FAX THIS FORM TO: 304-260-3676 or 304-260-3671						

## 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, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.