

Lou's Police Distributors, Inc.

FOR TRANSFER OF A FIREARM

From (Name of FFL Company): _____

FFL Ph#: _____ FFL Fax#: _____

Reference (Customer's Name): _____

Gun Make: _____ Model: _____

Serial Number: _____ Customer's Ph#: _____

REQUIREMENTS FOR RECEIVING TRANSFER

****Copy of the Dealer's FFL License****

****Copy of Paid Sales Receipt with Customer's Name & Phone Number**

and Firearm information: Make, Model, Serial Number, and Purchase Date**

***Please place customer's name on outside of shipping box**

Any questions, please email sales@louspolice.com or call 305-416-0000 & ask for manager

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

Federal Firearms License (18 U.S.C. Chapter 44)

In accordance with the provisions of Title I, Gun Control Act of 1968, and the regulations issued thereunder (27 CFR Part 478), you are licensed to engage in the business specified in this license, within the limitations of Chapter 44, Title 18, United States Code, and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 478.51.** See "WARNINGS" and "NOTICES" on reverse.

Direct ATF ATF - Chief, FFLC
Correspondence To 244 Needy Road
 Martinsburg, WV 25405-9431

License
Number **1-59-025-01-0D-07404**

Chief, Federal Firearms Licensing Center (FFLC)

Expiration
Date **April 1, 2020**

Name
LOU'S POLICE DISTRIBUTORS INC.

Premises Address (Changes? Notify the FFLC at least 30 days before the move.)
**7815 WEST 4 AVENUE
HIALEAH, FL 33014**

Type of License

01-DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES

Purchasing Certification Statement

The licensee named above shall use a copy of this license to assist a transferor of firearms to verify the identity and the licensed status of the licensee as provided by 27 CFR Part 478. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Firearms Licensee (FFL) or a responsible person of the FFL. I certify that this is a true copy of a license issued to the licensee named above to engage in the business specified above under "Type of License."

Mailing Address (Changes? Notify the FFLC of any changes.)

LOU'S POLICE DISTRIBUTORS INC
7815 WEST 4 AVENUE
HIALEAH, FL 33014

Linda Riccobono
Licensee/Responsible Person Signature
LINDA RICCOBONO
Printed Name

PRESIDENT
Position/Title
02-28-17
Date