



# SHOOTER'S SPORTING CENTER

1535 Route 539  
Little Egg Harbor, NJ 08087  
PHONE: 609-296-4080 FAX: 609-296-4081

EMAIL: SHOOTERSNJ@COMCAST.NET  
WWW.SHOOTERSNJ.COM

## TRANSFER REQUEST

FROM: PLEASE INCLUDE THIS FORM WITH YOUR SHIPMENT

DATE: - -

SHIPPED BY	NAME AS IT APPEARS ON THE FFL LICENSE	REQUIRED FOR TRANSFER
		INCLUDE YOUR FFL WITH THE SHIPMENT
	TELEPHONE:	FAX OR E-MAIL:
FOR	CUSTOMER PICKING UP FIREARM	CUSTOMER PHONE / E-MAIL

## FIREARM (PROVIDE AS MUCH DETAIL AS POSSIBLE)

FIREARM	MANUFACTURER	MODEL	SERIAL #
	CALIBER	FIRARM TYPE	ACTION TYPE
		PISTOL    REVEOLVER RIFLE    SHOTGUN    OTHER	SEMI-AUTO    BOLT    REVOLVER PUMP    LEVER    RECEIVER

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

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

8-22-029-01-9J-01450

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    8-22-029-01-9J-01450

Chief, Federal Firearms Licensing Center (FFLC)

Expiration Date    September 1, 2019

Name  
SHOOTERS SPORTING CENTER

Premises Address (Changes? Notify the FFLC at least 30 days before the move.)

1535 ROUTE 539  
LITTLE EGG HARBOR TWP, NJ 08087-

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.)

TIPS SPORTING CENTER LLC  
SHOOTERS SPORTING CENTER  
P O BOX 406  
WEST CREEK, NJ 08092-

Licensee Responsible Person Signature

Position/Title

Printed Name

Date