



Bureau of Alcohol, Tobacco, Firearms, and Explosives

FIREARMS AND TECHNOLOGY DIVISION

Information Request Form

(NOTE: All of the information is required; enter none if the information requested is not applicable)

NAME:

COMPANY:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE:

EMAIL ADDRESS:

I NEED INFORMATION ABOUT:

MY QUESTION IS:

Additional Information:

Make:

Model:

Serial Number:

Type:

Date of Manufacturer:

Proposed Modification:

Additional Documentation or Info: