

# Report of Multiple Sale or Other Disposition of Certain Rifles

**(Please complete all information)**

1. Date of Report 2a. Federal Firearms Licensee (FFL) Number

2b. Business or Trade Name and 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 multiple sale? *(If yes, specify date) (see instruction 2.)*  Yes  No Date \_\_\_\_\_

2d. If you sold these firearms at a gun show or other qualifying event, identify the event and provide a complete address of the event.

3. Rifles Sold or Otherwise Disposed of to the Same Unlicensed Person at One Time or During Any Five Consecutive Business Days

| Serial Number | Manufacturer | Importer | Model | Caliber | Disposition Date |
|---------------|--------------|----------|-------|---------|------------------|
|               |              |          |       |         |                  |
|               |              |          |       |         |                  |
|               |              |          |       |         |                  |
|               |              |          |       |         |                  |
|               |              |          |       |         |                  |
|               |              |          |       |         |                  |

4. Transferee's Name *(Last, first, middle)*

5. Residence Address *(Number, street, city, county, state, zip code)*

|        |  |   |  |                                |
|--------|--|---|--|--------------------------------|
| 6. Sex | 7a. Ethnicity  | 7b. Race <i>(Check one or more boxes.) (See instruction 5.)</i>                             |  |                                |
|        | <input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian | <input type="checkbox"/> African American or Black<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White |

|                          |                           |              |                   |  |
|--------------------------|---------------------------|--------------|-------------------|--|
| 8. Identification Number | 9. Type of Identification | 10. ID State | 11. Date of Birth | 12. Place of Birth <i>(City, state, country)</i> |
|--------------------------|---------------------------|--------------|-------------------|--|

13. If the buyer of the firearms listed in item 4 is a person authorized to act on behalf of a corporation, company, association, partnership or other such business entity, you must record the following *(if applicable see instruction 6.)*

**Name and Address of Business Entity**

14. Additional Information Relating to the Transfer of the Firearms *(if applicable)*

|  |                                  |
|--|----------------------------------|
| 15. Name of Employee Filling Out This Form | 16. Date This Form Was Completed |
|--|----------------------------------|

**When Fax is Available, Please Fax to 1-877-283-0288.**

## Instructions

1. This form is to be used by licensees to report all transactions in which an unlicensed person acquired, at one time or during five consecutive business days, two or more semi-automatic rifles larger than .22 caliber (*including .223/5.56 caliber*) with the ability to accept a detachable magazine. This form is not required when the rifles are returned to the same person from whom they are received.
2. Item 2c - if this transaction includes additional weapon(s) connected to a previously submitted multiple sale, check "yes" and record the date of the previous multiple sale form. (*For example, a multiple sale for dispositions made to the same unlicensed person on a Monday and Friday of the same week must be submitted on Friday. If an additional transaction is made to the same unlicensed person within five days from the Friday disposition, this disposition is connected to the previous multiple sale and you must check "yes" and record the date of the Friday disposition.*)
3. A separate form is to be submitted for each unlicensed person.
4. Licensees must complete items 1 through 12, 15 and 16 entirely. Items 13 and 14 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. If the buyer of the firearm(s) is a corporation, company, association, partnership or other such business entity, the person authorized to receive the firearms on behalf of the business entity must be identified in items 4-12 of this form.
7. The report is to be submitted to:
  - a. **Copy 1** - Fax, email 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. Fax number is 1-877-283-0288. Email address is [MultipleLonggunSalesForms@atf.gov](mailto:MultipleLonggunSalesForms@atf.gov).  
  
Mail address:  
U.S. Department of Justice, Bureau of Alcohol, Tobacco, Firearms and Explosives  
National Tracing Center  
P.O. Box 0279  
Kearneysville, WV 25430-0279
  - b. **Copy 2** - ATF recommends that a licensee retain a copy and attach it to the back of the Firearms Transaction Record, ATF Form 4473, covering the transfer of the firearms.
8. Additional forms may be obtained through the ATF Distribution Center, 1519 Cabin Branch Drive, Landover, MD 20785, (703) 870-7526, or online at [www.atf.gov](http://www.atf.gov).

### 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 rifles for law enforcement purposes. The information is used to determine if the buyer (*transferee*) is involved in a unlawful activity, or is a person prohibited by law from obtaining firearms. The information requested is mandatory and required by statute (18 U.S.C. 923(g)(5)(A)).

The estimate average burden associated with this collection is 12 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, Document Services Section, Bureau of Alcohol, Tobacco, Firearms and Explosives, 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.

**Marginals for ATF Form 3310.12:**

**Copy 1 - ATF National Tracing Center**

**Copy 2 - Licensee**

DRAFT