

## STATE OF CONNECTICUT DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION DIVISION OF STATE POLICE



## Declaration of High Capacity Magazine(s) Appendix A (Pursuant to P.A. 13-3 and P.A. 13-220)

Instructions:

Name: (Last, First, Middle)

- 1. Type or print all information in all sections. (Must be legible or it will be returned)
- 2. Submit proof that you purchased this magazine on or prior to April 4, 2013 to include one of the following: a sales receipt, or sworn affidavit that the specified magazine(s) was purchased in compliance with state laws
- 3. Mail or deliver completed form to: Department of Emergency Services and Public Protection (DESPP), Special Licensing and Firearms Unit, 1111 Country Club Road, Middletown, Connecticut 06457-2389

Address: (Numb	oer, Street,	City or Tow	n, State,	Zip) <u>NO P.O.</u>	Boxes			
Date of Birth:	Social Security Number (Optional but will help prevent misidentification):						Home Telephone Number:	
Sex:	Sex: Height: Weig			jht:	: Motor Vehicle Operator's License Number and State:			
Permit Number /	/ Eligibility	Certificate N	lumber/	or Ammuniti	on Certifi	cate Number:		
Make (if available)				Туре		Capacity	Number of Magazines	
EX: Ammunition Storage Components				6.5 Grendel		17	20	
LA. Allimania Storage Components				0.5 G/e	iluei	17	20	
performance of his application that is de	or her officia etermined to ch approval	al function, is p be false or ina shall be void	unishable accurate s if based o	by law (See ( hall constitute n a false or in	CGS § 53a grounds fo accurate s	-157b). I further under the denial of such ap	o mislead a public servant in the erstand that any statement in this oplication. If approved before the re below attests to the accuracy,	

SIGNED: \_

Dated: \_

I declare, under the penalties of False Statement, that the answers to the above are true and correct.