



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



**Special Licensing and Firearms Unit  
Annual Physical Inventory Reconciliation Form**

**THIS FORM MUST BE EMAILED (SLFU.VAULT@CT.GOV) or FAXED (860-685-8644) TO SLFU WITHIN FIVE BUSINESS DAYS OF PERFORMING THE INVENTORY**

**Business Information**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

FFL #: \_\_\_\_\_ Issue Date: \_\_\_/\_\_\_/\_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_\_\_

Permit to Sell:  Yes  No Issue Date: \_\_\_/\_\_\_/\_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_\_\_

CT State Tax #: \_\_\_\_\_ Issue Date: \_\_\_/\_\_\_/\_\_\_\_\_

**Responsible Party (as listed on ATF Form 7)**

Party #1	Party #2
Name: _____	Name: _____
Date of Birth: ___/___/_____	Date of Birth: ___/___/_____
Permit/Eligibility Certificate #: _____	Permit/Eligibility Certificate #: _____
Expiration Date: ___/___/_____	Expiration Date: ___/___/_____

**Employees**

	Name	Age	Verified Criminal Background Check
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No
7.			<input type="checkbox"/> Yes <input type="checkbox"/> No
8.			<input type="checkbox"/> Yes <input type="checkbox"/> No
9.			<input type="checkbox"/> Yes <input type="checkbox"/> No
10.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Use extra sheet for additional names



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**Central Station Monitoring Alarm**

Alarm Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Inventory**

Date of Physical Inventory: \_\_\_\_/\_\_\_\_/\_\_\_\_ Completed by (name): \_\_\_\_\_

Firearms Missing From Inventory:  Yes  No

If Yes, complete the following:

#	Make	Model	S/N	Caliber
1.				
2.				
3.				
4.				
5.				
Use extra sheet for additional missing firearms				

**Notification of Missing Firearms (if applicable)**

Local Police Department: \_\_\_\_\_ Date Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

Investigating Officer: \_\_\_\_\_ Case #: \_\_\_\_\_

Date Reported to AG Office: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Reported to ATF: \_\_\_\_/\_\_\_\_/\_\_\_\_

**By affixing my signature below, I attest to the following:**

I conducted the physical inventory reconciliation no later than the fifth business day of October. I compared the physical inventory of firearms with the acquisition and disposition records required to be maintained pursuant to Connecticut General Statute 29-31 and 27 CFR 478.125(e), as amended from time to time. I also understand that any false statement herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function, is punishable by law (C.G.S. 53a-157b). I further understand that any statement in this application that is determined to be false or inaccurate shall constitute grounds for the revocation of permit to sell firearms.

Printed Name: \_\_\_\_\_ Permit/Eligibility Certificate #: \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date