



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



**Special Licensing and Firearms Unit  
Surrendered Firearms/Ammunition Log Sheet**

Case Number: \_\_\_\_\_

Name of Person Delivering Firearm <i>(last/first/mi)</i>				Address of Person Delivering Firearm		F/A Permit # <input type="checkbox"/> <i>(✓ if owner)</i>
Name of Firearm Owner <input type="checkbox"/> <i>(✓ if same as above)</i>				Address of Owner <input type="checkbox"/> <i>(✓ if same as above)</i>		DOB
Officer Accepting Firearm <i>(name/rank/ID number)</i>				Agency Name/Address		
NO.	CODE *	SERIAL NUMBER	MAKE	MODEL	CALIBER	MISCELLANEOUS INFORMATION
1.						
2.						
3.						
4.						
5.						

*(Use additional forms to list more than five firearms)*

**\* SURRENDER CODES:**

- |                                                                                                                                                             |                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>P</b> PROTECTIVE ORDER<br><b>R</b> RESTRAINING ORDER<br><b>C</b> OTHER COURT ORDER<br><b>V</b> VOLUNTARY SURRENDER<br><b>DA</b> DOMESTIC VIOLENCE ARREST | <b>M</b> MISDEMEANOR DISQUALIFICATION CONVICTION<br><b>F</b> FELONY CONVICTION<br><b>DC</b> DOMESTIC VIOLENCE CONVICTION<br><b>O</b> OTHER _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|

I have surrendered the above listed firearm(s) and/or ammunition to the Connecticut State Police or local police department in accordance with the provisions of Connecticut General Statutes §29-36k, as amended from time to time. I understand that I have one (1) year from the date of surrender to transfer such firearm(s) and/or ammunition in accordance with any applicable state and federal laws to any person eligible to possess them, provided that if I am subject to a restraining or protective order or a foreign order of protection, I or my legal representative may only transfer such firearm(s) and/or ammunition to a federally licensed firearms dealer (FFL) pursuant to a sale. I understand that if surrendered firearm(s) and/or ammunition have not been transferred within one (1) year following the date of their surrender and there is no court order specifically requiring that the firearms be held for longer, such surrendered firearm(s) and/or ammunition will be destroyed in accordance with Connecticut General Statutes §29-36k(d) as amended from time to time.

Initialed by Owner/Person Delivering: \_\_\_\_\_

**or**

I am the lawful owner of the above listed firearms and/or ammunition and wish to surrender possession of the firearm(s) and/or ammunition to the Connecticut State Police for immediate destruction or for appropriate use within the department.

Initialed by Owner: \_\_\_\_\_

Signature of Owner/Person Delivering	Signature of Receiving Officer	Date
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Released to Special Licensing and Firearms Unit \_\_\_\_\_ Date: \_\_\_\_\_

**DISPOSITION OF FIREARM(S) AND/OR AMMUNITION**

- Released to Owner
- Released to Eligible Person: FFL/CT Permit Number: \_\_\_\_\_ Expires: \_\_\_\_\_
- Destroyed pursuant to C.G.S. § 29-36k(d)

Signature of Receiving Person <i>(if applicable)</i>	Signature of Releasing Authority	Date
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**(Attach to this form a photocopy of any proof of identification provided)**