Department of Emergency Services and Public Protection Division of State Police 1111 Country Club Road Middletown, CT 06457 DPS-415-C (Rev. 7/11)



CERTIFICATE OF TRANSFER OF ASSAULT WEAPONS

	SELLE	R OR TRANSFER	OR	
Name (Last, First, Middle)			Home Telephone #	
Address (Number, Street, City	or Town State, Zip)			
Date of Birth		Social Security N	Social Security Number (optional)	
Operator's License Number	Sex	Height	Weight	
Sellers Federal Firearms License Number if Applicable		e Certificate of Po	Certificate of Possession Number	
	LIC	CENSED DEALER		
Name (Last, First, Middle)				
Address (Number, Street, City	or Town, State, Zip)			
Business Name				
Address (Number, Street, City	or Town, State, Zip)			
Date of Birth Social Security Nur		y Number (optional)	Operator's License Number	
Dealer's Federal Firearms Lice	nse Number			
	WEAP	ON INFORMATIO	ON	
Weapon Make:				
Model:				
Serial Number:				
Unique I.D./Markings:				
Omque 1.D./Markings:				
I understand, under pen	alties of giving a false	e statement, that the	e above information is true and correc	
Signature of Seller:				
Signature of Buyer:				
Date of Sale or Transfer:				
Date of Sale of Transfer.				