ASRPA Firearms/Equipment Transfer Form

This form to be kept in ASRPA corporate files only.

1. **Transferee's Full Name** (WE MUST BE ABLE TO READ WHAT YOU WRITE! PLEASE PRINT SLOWLY AND LEGIBLY)

Serial Number on Firearm   **Make and Type of Firearm Transferred**

Certification of eligibility to possess a firearm

Answer the questions by writing "yes" or "no" in space after the question.

1. Are you the actual buyer of the firearm(s) listed on this form? (If you are not the actual buyer/winner, we cannot transfer the firearm to you.)

2. Are you a fugitive from justice?

3. Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance?

4. Are you a nonimmigrant alien?

5. Have you been discharged from the Armed Forces under dishonorable conditions?

6. Have you ever been adjudicated mentally defective (which includes having been adjudicated incompetent to manage your own affairs) or have you ever been committed to a mental institution?

7. Are you an alien illegally in the United States?

8. Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year?

9. Have you been convicted in any court of a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation?

10. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner?

11. Have you been convicted in any court of a misdemeanor crime of domestic violence?

12. Have you ever renounced your United States citizenship?

13. I take full responsibility to know Federal, my state, city/township laws and statutes on possessing and using this firearm and hold the ASRPA harmless for ANY actions related to the transfer of and its use.

All the above statements above are true and fully understood to me.

Transferee's
Signature_____Date_____