Requisition for Forms or Publications

			ATF Use O			
Note: To be	To better serve you, please: 1. Order a year's supply at a time, if possible. 2. Keep a copy of this order for your records.					Order Number:
Send To:		IBUTION CENTER	1. Date Requested 2. User's Requisition Number			
	P.O. BOX 5950 SPRINGFIELD, VA 22150-5950					
	SIKINGITE	LD, VA 22130-3930	3. For Information Call (Name, 7	Tel. No., Ext.)		
4. Delivery	Пх	Jormal Prior	rita			
	Normal Priority (Specify) (Delivery Date)					
5. Supervisor Approval 6. Office Code						
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Form or Publication No.		Title or Description			Quantity Requested	Quantity Furnished
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					Total	
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			Delivery Ad	dress		
Name						
Complete Street Address (Exclude P.O. Box and Route Numbers)						
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City, State a	nd Zip Code					
			Paperwork Reduction	A a4 NI - 4*		
			raperwork Reduction	III ACT NOTICE		

This request is in accordance with the Paperwork Reduction Act of 1995. The information requested on this form is necessary to fulfill requests from the public for various forms and publications concerning firearms and explosives. The supplying of information by the respondent is voluntary.

The estimated average burden associated with this collection of information is 3 minutes per respondent or recordkeeper depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.