

**U.S. Department of Justice**  
 Bureau of Alcohol, Tobacco, Firearms and Explosives

## Interstate Firearms Shipment Theft /Loss Report

	Name	Address	Telephone Number
Shipper/Transferor			
Consignee/Transferee			
Carrier			
Shipment Tracking Number	Shipper/Carrier Claim Number		Date Shipped
Name of Reporting Company		Federal Firearms License Number <i>(If applicable)</i>	
Name and Title of Person Making Report <i>(Please print AND sign name)</i>			
Telephone Number		Date	

Firearm(s) Description *(Use reverse side if additional space is needed)*

Type	Manufacturer	Model	Caliber	Serial Number	Date Acquired

Shipment Description

- |   |   |
|---|---|
| <input type="checkbox"/> Individual Parcel<br><input type="checkbox"/> Pallet | <input type="checkbox"/> Shrink Wrapped Pallet<br><input type="checkbox"/> Other <i>(Describe):</i> _____ |
|---|---|

Brief Summary of Incident:

MAIL THIS FORM TO:     ATF, STOLEN FIREARMS PROGRAM MANAGER  
 244 NEEDY RD.  
 MARTINSBURG, WV 25401  
 FOR MORE INFORMATION YOU MAY CALL TOLL FREE 888-930-9275

### **Paperwork Reduction Act Notice**

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection documents reports of theft or loss of firearms experienced by common carriers in interstate shipment. ATF uses the information to investigate and perfect criminal cases. The information requested is voluntary.

The estimated average burden associated with this collection of information is 20 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.