U.S. Department of JusticeBureau of Alcohol, Tobacco, Firearms and Explosives

Interstate Firearms Shipment Theft /Loss Report

	Name/FF	Name/FFL#		Address			Telephone Number	
Shipper/Transferor								
Consignee/Transferee								
Carrier								
Shipment Tracking Number		Shipper/Carrier Cl	aim Number	im Number		Date Shipped		
Name of Reporting Company		Federal Firearms License Num		s License Number	(If applica	ble)		
Full Name and Position of Person Making Report (Please print)					Telephon	e Number	Date	
Email Address of Shipper or Person Making Report Signature of Person Making Report								
Firearm(s) Description (Use reverse side if additional space is needed)								
Туре	Manufacturer	Model	Caliber	Serial N	Number Date Acquired			
Shipment Description				<u> </u>				
Individual Parcel Shrink Wrapped Pallet Other (Describe):								
Brief Summary of Incide	nt:							
Shipper/Transfer FFL is requi	ired by law to submit ATF Form 33	10.11. Completed form	ns can be mailed, em	nailed or faxed. For m	nore informa	tion, call toll free	e: 888-930-9275	
MAIL THIS FORM TO: ATF STOLEN FIREARMS PROGRAM 244 NEEDY RD.			E MAIL THIS	E MAIL THIS FORM TO: STOLENFIREARMS@atf.gov				
	MARTINSBURG, WV 2:	5405	FAX THIS FORM TO: 304-260-3676 or 304-260-3671					

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, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.