

Jus 10
APPENDIX I

Wisconsin Department of Justice
Sec. 175.35, Wis. Stats.
DJ-LE-FH1 (07/91)

DOJ Dealer Identification No.

FIREARMS DEALER REGISTRATION

*All entries on this form must be printed in ink or typed.
See notice and instructions on reverse side.*

DEALER INFORMATION							
1. Dealer (Name of person, firm, partnership or corporation)				2. Contact Person			
3. Business Address							
4. City		5. County		6. State		7. Zip Code	
8. Mailing Address (if different from business address)							
9. City		10. County		11. State		12. Zip Code	
DEALER HOURS/TELEPHONE NUMBER(S)							
13. Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							
14. Business Telephone Number ()				15. Additional Telephone Number ()			
FEDERAL FIREARMS LICENSE INFORMATION							
16. Name of License Holder							
17. Street Address							
18. City				19. State		20. Zip Code	
21. Social Security Number or Employer Identification Number (optional)				22. Federal Firearms License Number			

The undersigned agrees to comply with 1991 Wisconsin Act 11 as codified in s. 175.35, Stats., and the procedures established by the Department of Justice under ch. Jus 10, Wis. Admin. Code, in obtaining Criminal History Record Information checks required for the transfer of certain firearms.

Signature _____ Date _____

Do not write below this line. Department of Justice use only.

The Dealer has been assigned the above Department of Justice (DOJ) Dealer Identification Number and is authorized to obtain Criminal History Record Information checks by telephone or by submitting a form approved by the Department of Justice.	
Application approved: _____ (Signature of approving authority)	Date _____

Authorized Telephone Number: 1-800-262-4867

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APPENDIX II

Wisconsin Department of Justice
 Sec. 175.35, Wis. Stats.
 DJ-LE-FH2, Rev. 11/92

NO: SAMPLE FORM

FIREARMS DEALER NOTIFICATION
 (HANDGUN TRANSFERS)

Handgun Hotline 1-800-262-4867

All entries on this form must be printed in ink. See general information and instructions on reverse side.

SECTION 1 TRANSFEREE (Buyer)									
1. Transferee (Buyer's) Legal Name (Last, First, MI)					2. Other name(s) used now or at any time in the past (e.g., maiden/maas)				
3. Sex	4. Race	5. Date of Birth (Month/Day/Year)			6. Height	7. Weight	8. Hair	9. Eyes	
10. Residence Address					11. City		12. State	13. Zip	
14. Transferee (Buyer) Certification I give my word that:					If both conditions cannot be truthfully checked, the dealer may not transfer a firearm to the buyer unless the buyer has received a pardon for the crime or felony and has been expressly authorized to possess a firearm under 18 USC app. 1203 or has obtained relief from disabilities under 18 USC 925(c). If that is the case, the buyer must provide positive proof prior to obtaining the firearm.				
<input type="checkbox"/> I have not been convicted of a felony in this state or a crime elsewhere that would be a felony if committed in Wisconsin (a felony is defined as a crime punishable by one year or more in prison). <input type="checkbox"/> I have never been found not guilty of a felony in this state or a crime elsewhere that would be a felony in Wisconsin by reason of insanity or mental disease, defect or illness.									
15. I certify under and in accordance with s. 175.35(2e) of the Wisconsin Statutes that all statements on this form are true. I understand that if I knowingly make a false statement, I am subject to penalties of up to a \$10,000 fine and up to 9 months imprisonment under s. 175.35(3) of the Wisconsin Statutes.									
Buyer's Signature							Date		
SECTION 2 FIREARMS DEALER (Seller)									
16. Type of Photo Identification (Required)					17. Firearms Dealer Business Name and Address				
<input type="checkbox"/> Driver's License # _____ <input type="checkbox"/> Wisconsin Identification Card # _____ <input type="checkbox"/> Other (Please Specify) _____									
18. Dealer Clerk's Signature					Date		19. Dealer Identification Number (DIN)		
20. Name of Caller					21. Date		22. Time of Call		23. Hotline Operator Number
							AM PM		
24. Call Confirmation Number			25. Transfer Approval Number			26. Transfer Nonapproval Number			
27. Date of Transfer			28. Time of Transfer		29. Transferred by				
			AM PM						
Mail "CIB" copy to Crime Information Bureau, ATTN: Firearms Hotline, Post Office Box 2718, Madison, Wisconsin 53701-2718 within 24 hours after transfer of the firearm or notification of nonapproval.									

GENERAL INFORMATION

- (1) Dealers and buyers must conform to federal requirements in addition to completion of this form.
- (2) Completion of this form is required in accordance with s. 175.35(2g) of the Wisconsin Statutes and with chapter JUS 10, Wisconsin Administrative Code. If the buyer cannot read or write, the form must be completed by a person other than the dealer after a careful consultation with the buyer. After the form is completed, the dealer shall question the buyer to ensure that the form is truthfully and fully completed. The buyer's mark shall be obtained in the "Buyer's Signature" block and be witnessed by the individual that helped to complete the form.
- (3) The Wisconsin Department of Justice (DOJ) must accomplish a mandatory felony check to ensure that a person may lawfully possess a handgun under s. 941.29 of the Wisconsin Statutes.

Section 941.29 prohibits possession of a firearm if a person has been:
 - (1) Convicted of a felony in Wisconsin
 - (2) Convicted of a crime elsewhere that would be a felony if committed in Wisconsin
 - (3) Found not guilty of a felony in Wisconsin by reason of mental disease or defect
 - (4) Found not guilty of or not responsible for a crime elsewhere that would be a felony in Wisconsin by reason of insanity or mental disease, defect or illness
- (4) The information provided will not be used for other purposes.

INSTRUCTIONS**SECTION 1 Transferee (Buyer's Section)**

- (5) Complete blocks 1 through 15 by legibly printing the required information in ink.
- (6) Use M (Male) or F (Female). Authorized abbreviations for Race are: W (White), B (Black), I (American Indian or Alaskan Native), A (Asian or Pacific Islander) or U (Unknown). Height should be entered as feet and inches (e.g., 6'4"), and the hair color should be entered using BRO (Brown), BLK (Black), BLN (Blond), GRY (Gray), RED (Red), SDY (Sandy), WHI (White) and XXX (Other). Eye color abbreviations are: BLU (Blue), BRO (Brown), GRY (Gray), GRN (Green), HAZ (Hazel), PNK (Pink), or XXX (Other).
- (7) Give the form to the dealer.
- (8) Furnish reliable identification that includes a photograph. A motor vehicle operator's license or state issued identification card are examples of reliable identification.

SECTION 2 Firearms Dealer (Seller's Section)

- (9) Complete all required information in ink.
- (10) Check transferee's photo identification and complete block 16.
- (11) A stamp may be used for block 17.
- (12) Dealer clerk's signature and date in block 18.
- (13) The Dealer Identification Number (DIN) in block 19 is mandatory.
- (14) Call the firearms hotline (1-800-262-4867) and provide the hotline operator with your Dealer Identification Number (DIN), the number in the upper right hand corner of the form and the information concerning the buyer.
- (15) Complete blocks 20 through 24. (The 48 hour waiting period begins when the Call Confirmation Number is issued.)
- (16) When the felony check is completed, record the transfer approval number in block 25 or transfer nonapproval number in block 26.
- (17) If a nonapproval number is issued, provide the buyer with his or her copy of the form and mail the "CIB" copy to the address provided on the bottom of the form within 24 hours.
- (18) If an approval number is issued, complete blocks 27 through 29 at the time of transfer and mail the "CIB" copy to the address provided on the bottom of the form within 24 hours.

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APPENDIX III

Wisconsin Department of Justice
 Sec. 175.35, Wis. Stats.
 DJ-LE-FH3, (07/91)

FIREARMS DEALER FORMS REQUISITION

DEALER INFORMATION		
Dealer Name		
Street Address		
City	State	Zip Code
Federal Firearms License Number		
DOJ Dealer Identification Number		
Signature		

NAME OF FORM	QUANTITY
Firearms Dealer Registration (DJ-LE-FH1)	
Firearms Dealer Notification (Handgun Transfers) (DJ-LE-FH2)	
Firearms Dealer Forms Requisition (DJ-LE-FH3)	

ADDRESS ALL INQUIRIES & REQUESTS TO:

Department of Justice
 Crime Information Bureau
 Attention: Firearms Hotline
 P.O. Box 2718
 Madison, Wisconsin 53701-2718

Telephone: 608/266-7314

FOR CIB USE ONLY			
Dealer Name: _____	Order Reviewed By: _____		
How Order Received: <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Other	Order Recorded By: _____		
Date Order Received: _____	Order Filled By: _____	Date: _____	
Date Mail Label Prepared: _____	Order Mailed By: _____	Date: _____	
Special Notes: _____			