

Howard County Sheriff's Office, Maryland
REQUEST FOR RETURN OF FIREARMS

SERIAL NUMBER

NOTE: Prepare in original only. All entries on this form **MUST BE** in ink. Please print legibly.

SECTION A – MUST BE COMPLETED PERSONALLY BY TRANSFEREE

1. TRANSFEREE'S NAME (<i>Last, First, Middle</i>)	<input type="checkbox"/> MALE	2. HEIGHT	3. WEIGHT	4. RACE
	<input type="checkbox"/> FEMALE			
5. RESIDENCE ADDRESS (<i>No., Street, City, County, State, Zip Code</i>)	6. BIRTH DATE			7. PLACE OF BIRTH (<i>City</i>)
	MONTH	DAY	YEAR	STATE OR FOREIGN COUNTRY
8. IDENTIFICATION INFORMATION – The information requested in this item (8) is required to help ensure the lawfulness of the transfer and avoid the possibility of your being misidentified as a felon or other prohibited person.				
a. SOCIAL SECURITY NUMBER	b. ALIEN REGISTRATION NUMBER A _____		c. DRIVER'S LICENSE NUMBER	

9. CERTIFICATION OF TRANSFEREE – Questions (a) through (l) must be answered with a YES or NO in the box to the right of the question.

a. Are you the sole owner of the firearms, ammunition and related equipment indicated on this form?		g. Have you been discharged from the Armed Forces under dishonorable conditions?	
b. Are you under indictment or information in any court for a crime for which the judge could imprison you for more than one year? An information is a formal accusation of a crime made by a prosecuting attorney.		h. Are you an alien living illegally in the United States?	
c. Have you been convicted in any court of a crime for which the judge could have imprisoned you for more than one year, even if the judge actually gave you a shorter sentence?		i. Have you ever renounced you United States citizenship?	
d. Are you a fugitive from justice?		j. Are you subject to a court order restraining you from harassing, stalking, or threatening an intimate partner or child of such partner?	
e. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, or narcotic drug, or any other controlled substance?		k. Have you been convicted in any court of a misdemeanor crime of domestic violence? This includes any misdemeanor conviction involving the use or attempted use of physical force committed by a current or former spouse, parent, or guardian of the victim or by a person with a similar relationship with the victim?	
f. Have you ever been adjudicated mentally defective or have you been committed to a mental institution?		l. Are you a citizen of the United States?	

m. What is your state of residence? _____ (State)	If you are not a citizen of the United States, you have a State residence only if you have resided in the State for at least 90 days prior to the date of this request.
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I CERTIFY UNDER THE PENALTIES OF PERJURY THAT ALL OF THE ABOVE INFORMATION AND ANSWERS ARE TRUE AND CORRECT. I UNDERSTAND THAT A PERSON WHO ANSWERS **YES** TO QUESTION 9b IS PROHIBITED FROM PURCHASING A FIREARM. I UNDERSTAND THAT A PERSON WHO ANSWERS **YES** TO ANY OF THE QUESTIONS 9c THROUGH 9k IS PROHIBITED FROM PURCHASING OR POSSESSING A FIREARM. I ALSO UNDERSTAND THAT THE MAKING OF A FALSE ORAL OR WRITTEN STATEMENT OR THE EXHIBITING OF ANY FALSE OR MISREPRESENTED IDENTIFICATION WITH RESPECT TO THIS TRANSFER IS A CRIME PUNISHABLE AS A FELONY.

THE FIREARMS, AMMUNITION, AND RELATED EQUIPMENT ITEMIZED ON THE ATTACHED LIST ARE MY SOLE PROPERTY AND ARE IN THE POSSESSION OF THE HOWARD COUNTY SHERIFF'S OFFICE. I REQUEST THAT THESE ITEMS BE RETURNED TO ME UPON VALIDATION OF THE INFORMATION CONTAINED WITHIN THIS REQUEST.

TRANSFEREE'S SIGNATURE	DATE
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