



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE
Special Licensing and Firearms Unit



Transfer of Large Capacity Magazine(s)
(Pursuant to P.A. 13-3 and P.A. 13-220)

Dealer Name: (Name of Business purchasing LCM)	
FFL Number: (last 5 digits)	Social Security Number <i>(Optional, but will help prevent misidentification)</i> or Motor Vehicle Operator's License Number and State:
Purchaser or Transferees Dealer Address: <i>(Number, Street, City/Town, ZIP Code)</i>	
Seller or Transferor of LCM: <i>(First, Middle, Last Name)</i>	
Seller or Transferor's Social Security Number <i>(Optional, but will help prevent misidentification)</i> or Motor Vehicle Operator's License Number and State:	Pistol Permit / Eligibility Certificate/Ammo Certificate Number (if applicable)
Seller or Transferor's Address <i>(Number, Street, City/Town, ZIP Code)</i>	
Signature of Seller or Transferor	Signature of Purchaser or Transferee

Date of Sale/Transfer	Manufacturer/Make (if available)	Type	Capacity	Number of LCM Magazines
07/01/2013	EX: Ammunition Storage Components	6.5 Grendel	17	20

Retain the original copy for your records; give one copy to the purchaser as a receipt; and submit the final copy to the Department of Emergency Services and Public Protection, Special Licensing and Firearms Unit, 1111 Country Club Road, Middletown, Connecticut 06457-2389. See Appendix A, DESPP-788-C, for Large Capacity Magazine Declaration.