# COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE POLICE

# AFFIDAVIT RELINQUISHMENT OF FIREARMS TO DEALER PURSUANT TO 23 PA.C.S. § 6108.2 PROTECTION FROM ABUSE ORDER

#### PROTECTION ORDER INFORMATION

	•••					
1. Name of Plaintiff (Last, First, MI)	2. County Court of Jurisdiction	3. Case No	4. Issue Date of Order	5. Expiration Date of Order		
	Snyder					

#### 6. FIREARM(S), WEAPON(S), AMMUNITION LISTING

Description/Make/Manufacturer	Model	Caliber or Gauge	Length of Barrel	Serial Number

For additional firearms, weapons, and ammunition attach a separate sheet that is signed by the defendant and the dealer/responsible clerk. The sheet should be attached to this form and it is suggested that the Protection Order Information listed above also be listed.

### FIREARM DEALER INFORMATION

7. Dealer Number	8. Business Name	9. Business Address
10. Firearm Dealer	Acknowledgment	

I do solemnly swear (or affirm) and acknowledge that I have taken possession of all firearms listed above, and on any addendum sheet. I will not return the firearm(s), other weapon(s) or ammunition identified in this affidavit to the defendant while the defendant is the subject of an active protection from abuse order pursuant to 23 Pa.C.S. § 6108, or otherwise prohibited from possessing a firearm, other weapon or ammunition under Federal or State law. I will not sell or transfer these firearms, other weapons or ammunition to anyone I know is a member of the defendant's household, or to anyone who is prohibited from possessing a firearm under Federal or State Law. I also understand that if I do transfer these items to anyone unlawfully, it is possible that I will be subject to criminal prosecution by Federal and State authorities for doing so.

I acknowledge that if I sell or transfer the firearm(s), other weapon(s), or ammunition listed that they must be sold or transferred in accordance with 18 Pa.C.S. Chapter 61 (relating to firearms and other dangerous articles).

I verify that the statements set forth in this Affidavit are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relative to Unsworn Falsification to Authorities.

DEFENDANT INFORMATION			
11. Name (Last, First, MI)	12. Date of Birth	13. SSN (Optional, but will help prevent misidentification)	14. Photo ID/Driver License No.
15. Street Address	16. C	ity and State	17. Zip Code
18. Defendant Acknowledgment	<b>i</b>		
any firearm(s), that I own, or that are in my	possession, th uishing firearm	nust turn over to the sheriff or appropriate la at are not listed on this affidavit. This must b s. I also acknowledge that if the court order own or is in my possession.	be done within the same
		nsfer the firearm(s), other weapon(s), or am Chapter 61 (relating to firearms and other c	
I acknowledge that it is my responsibilit specified by the court.	ty to provide t	the original of this affidavit to the sheriff	within the time frame
	and may res	e sheriff providing immediate notice to t sult in a criminal investigation and po	
		e and correct to the best of my knowledge, ect to the penalties of 18 Pa. C.S.A. § 49	
Signature (in ink):		Date:	
Name (printed):		Phone:	
Taken, sworn, and subscribed before me	e, this		
	<b>d</b> (day)	ay of,,, _,, _	
	(uay)	(monar) (year)	
Notary			_

# FOR SHERIFF'S/APPROPRIATE LAW ENFORCEMENT AGENCY USE ONLY

19. Department Name	20. County		21. Municipality	
	Snyder		Snyder County	
22. Receiving Deputy or Officer's Signature		23. Receiving Deputy or Officer's Printed Name		
24. Date of Affidavit Submission to This Office		25. Time of Affidavit Submission to This Office		

**PRIVACY ACT NOTICE:** Solicitation of this information is authorized under Title 23 Pa.C.S. § 6109.2. Disclosure of your social security number is voluntary. Your social security number, if provided, may be used to verify your identity and prevent misidentification. All information supplied, including your social security number, is confidential and not subject to public disclosure.