



GunSource Hawaii, LLC
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Federal Firearms License Transfer

Name: _____
 Address: _____
 Telephone: _____
 Work Phone: _____
 Cell Phone: _____

Shop Name of Origin: _____
 Address: _____
 Telephone: _____
 FAX: _____

I agree that this establishment will transfer a firearm(s) for me to/from another transferor that has a federal firearms license. I understand that fault for damages on my firearm(s) are solely the responsibility of the shipping company used for the transfer and not this establishment. I also agree that there will be a fee of \$100.00 for every firearm being transferred that is non-refundable.

By signing and dating below I have read and acknowledged this agreement.

Signature _____ Date _____

To Be Filled By Shop

Manufacturer: _____
 Model: _____
 Caliber: _____
 Barrel Length: _____
 Serial #: _____

Notes: _____

