

**FIREARMS SELLER EXEMPTION REQUEST
TO THE FINGERPRINT BACKGROUND CHECK REQUIREMENT OF VIRGINIA CODE 18.2-308.2:3**

Part I - Dealer Affidavit

I, _____ hereby swear, under the penalty of perjury, that as a
(Print Dealer First, Middle, Last Name)
 condition of obtaining a federal firearms license, each person requesting an exemption in this affidavit has been subjected to a fingerprint identification check by the Bureau of Alcohol, Tobacco, and Firearms, and the Bureau of Alcohol, Tobacco, and Firearms subsequently determined that each person satisfied the requirements of 18 U.S.C. § 921 *et seq.* I understand that any person convicted of making a false statement in this affidavit is guilty of a Class 5 felony and that in addition to any other penalties imposed by law, a conviction under this section shall result in the forfeiture of my federal firearms license. The individuals listed in Part II of this application have been subjected to a fingerprint criminal record check and approved by the ATF.

Signature: _____ FFL #: _____ Date: _____

Name (print first, middle, and last name):	Date of Birth:
Place of Birth (County or City and State):	Race: Sex: Social Security Number:
United States Citizen, Yes or No. If No, include INS-issued alien or admission number.	

COMMONWEALTH OF VIRGINIA CITY COUNTY OF _____ TO WIT:
 ACKNOWLEDGED, SUBSCRIBED AND SWORN TO BEFORE ME ON _____ (DATE)
 _____ MY COMMISSION EXPIRES _____ (DATE)
NOTARY PUBLIC

Part II - Exemption Request

Applicant #1	
Name (print first, middle, and last name):	Date of Birth:
Place of Birth (County or City and State):	Race: Sex: Social Security Number:
United States Citizen, Yes or No. If No, include INS-issued alien or admission number.	
Applicant #2	
Name (print first, middle, and last name):	Date of Birth:
Place of Birth (County or City and State):	Race: Sex: Social Security Number:
United States Citizen, Yes or No. If No, include INS-issued alien or admission number.	
Applicant #3	
Name (print first, middle, and last name):	Date of Birth:
Place of Birth (County or City and State):	Race: Sex: Social Security Number:
United States Citizen, Yes or No. If No, include INS-issued alien or admission number.	
Applicant #4	
Name (print first, middle, and last name):	Date of Birth:
Place of Birth (County or City and State):	Race: Sex: Social Security Number:
United States Citizen, Yes or No. If No, include INS-issued alien or admission number.	

Forward the original completed and notarized form to the Firearms Transaction Center, Post Office Box 85608, Richmond, VA 23285-5608.