

COMMONWEALTH OF VIRGINIA - DEPARTMENT OF STATE POLICE

**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: _____

Email Address: _____

United States Citizen: ☐ Yes ☐ 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: _____

Email Address: _____

United States Citizen: ☐ Yes ☐ 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: _____

Email Address: _____

United States Citizen: ☐ Yes ☐ 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: _____

Email Address: _____

United States Citizen: ☐ Yes ☐ 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.