

EXHIBIT "B"

OUT OF STATE TRANSFER FORM

NAME (TRANSFEROR) _____

ADDRESS _____

FULL DESCRIPTION OF GUN:

MANUFACTURER: _____

TYPE OF GUN

ACTION

MODEL # _____

SERIAL # _____

CALIBER _____

NAME (TRANSFeree) _____

ADDRESS _____

PHONE NUMBER _____

PRICE OF GUN _____

TRANSFER FEE \$25.00

RECEIVING FFL

NAME _____

ADDRESS _____

PHONE NUMBER _____

SHIPPING CHARGES TO BE DETERMINED BASED ON THE VALUE OF THE GUN