

CO-REGISTRATION

I, \_\_\_\_\_ PP# \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

authorize the co-registration of the following gun(s) with:

Name \_\_\_\_\_ PP# \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signed \_\_\_\_\_  
Primary Owner

Signed \_\_\_\_\_  
Co-Registrant

Handgun information:

	<b>Make</b>	<b>Model</b>	<b>Action</b>	<b>Caliber</b>	<b>Serial #</b>
1.					
2.					
3.					
4.					
5.					