

Wisconsin Department of Justice  
Sec. 175.35, Wis. Stats.  
DJ-LE-FHI (07/91)

APPENDIX I

DOJ Dealer Identification No.

FIREARMS DEALER REGISTRATION

All entries on this form must be printed in ink or typed.  
See notice and instructions on reverse side.

DEALER INFORMATION							
1. Dealer (Name of person, firm, partnership or corporation)				2. Contact Person			
3. Business Address							
4. City		5. County		6. State		7. Zip Code	
8. Mailing Address (if different from business address)							
9. City		10. County		11. State		12. Zip Code	
DEALER HOURS/TELEPHONE NUMBER(S)							
13. Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							
14. Business Telephone Number ( )				15. Additional Telephone Number ( )			
FEDERAL FIREARMS LICENSE INFORMATION							
16. Name of License Holder							
17. Street Address							
18. City		19. State		20. Zip Code			
21. Social Security Number or Employer Identification Number (optional)				22. Federal Firearms License Number			

The undersigned agrees to comply with 1991 Wisconsin Act 11 as codified in s. 175.35, Stats. and the procedures established by the Department of Justice under ch. Jus 10, Wis. Admin. Code, in obtaining Criminal History Record Information checks required for the transfer of certain firearms.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Do not write below this line. Department of Justice use only.

The Dealer has been assigned the above Department of Justice (DOJ) Dealer Identification Number and is authorized to obtain Criminal History Record Information checks by telephone or by submitting a form approved by the Department of Justice.	
Application approved: _____ (Signature of approving authority)	Date _____

Authorized Telephone Number: 1-800-262-4857

## APPENDIX H

Wisconsin Department of Justice  
 SAC, 175 35 Wisconsin State  
 DULE-FR2 (11/91)

**FIREARMS DEALER NOTIFICATION  
 (HANDGUN TRANSFERS)**

NO:

All entries on this form must be printed in ink.  
 See general information and instructions on reverse side.

SECTION 1 TRANSFEREE (Buyer)												
1. Transferor (Buyer's) Legal Name (Last, First, MI)						2. Other name(s) used now or at any time in the past						
3. Sex	4. Race	5. Date of Birth (Month/Day/Year)		6. Height	7. Weight	8. Hair	9. Eyes	10. Social Security Number				
11. Residence Address						12. City	13. State	14. Zip				
15. Transferor (Buyer) Certification I give my word that:						If both conditions cannot be truthfully checked, the dealer may not transfer a firearm to the buyer unless the buyer has received a pardon for the crime or felony and has been expressly authorized to possess a firearm under 18 USC app. 1203 or has obtained relief from disabilities under 18 USC 925(c). If that is the case, the buyer must provide positive proof prior to obtaining the firearm.						
<input type="checkbox"/> I have not been convicted of a felony in this state or a crime elsewhere that would be a felony if committed in Wisconsin (a felony is defined as a crime punishable by one year or more in prison).  <input type="checkbox"/> I have not been found not guilty of a felony in this state or a crime elsewhere that would be a felony in Wisconsin by reason of insanity or mental disease, defect or illness.												
16. I certify under and in accordance with s. 175.35(2e) of the Wisconsin Statutes that all statements on this form are true. I understand that if I knowingly make a false statement, I am subject to penalties of up to a \$10,000 fine and up to 9 months imprisonment under s. 175.35(3) of the Wisconsin Statutes.												
Buyer's Signature						Date						
SECTION 2 FIREARMS DEALER (Seller)												
17. Type of Photo Identification						18. Firearm Dealer Business Name and Address						
<input type="checkbox"/> Driver's License <input type="checkbox"/> Wisconsin Identification Card <input type="checkbox"/> Other (Please Specify) _____												
19. Dealer Clerk's Signature						Date						
Please record the following information concerning the hotline call (Hotline No. 1-800-262-4887)												
20. Name of Caller				21. Date	22. Time of Call		23. Hotline Operator Number					
24. Call Confirmation Number				25. Transfer Approval Number				26. Transfer Nonapproval Number				
<b>NOTE: Do not transfer this weapon until a transfer approval number is received.</b>												
27. Date of Transfer			28. Time of Transfer			29. Transferred by						
Mail "CIB" copy to Crime Information Bureau, ATTN: Firearms Hotline, Post Office Box 2718, Madison, Wisconsin 53701-2718 within 24 hours after transfer of the firearm or notification of nonapproval.												

**GENERAL INFORMATION**

- (1) Dealers and buyers must conform to federal requirements in addition to completion of this form.
- (2) Completion of this form is required in accordance with s. 175.35(2g) of the Wisconsin Statutes and with chapter JUS 10, Wisconsin Administrative Code. If the buyer cannot read or write, the form must be completed by a person other than the dealer after a careful consultation with the buyer. After the form is completed, the dealer shall question the buyer to ensure that the form is truthfully and fully completed. The buyer's mark shall be obtained in the "Buyer's Signature" block and be witnessed by the individual that helped to complete the form.
- (3) The Wisconsin Department of Justice (DOJ) must accomplish a mandatory felony check to ensure that a person may lawfully possess a handgun under s. 941.29 of the Wisconsin Statutes.

Section 941.29 prohibits possession of a firearm if a person has been:

- (1) Convicted of a felony in Wisconsin
- (2) Convicted of a crime elsewhere that would be a felony if committed in Wisconsin
- (3) Found not guilty of a felony in Wisconsin by reason of mental disease or defect
- (4) Found not guilty of or not responsible for a crime elsewhere that would be a felony in Wisconsin by reason of insanity or mental disease, defect or illness

**INSTRUCTIONS****SECTION 1 Transferee (Buyer's Section)**

- (4) Complete blocks 1 through 16 by legibly printing the required information in ink.
- (5) Use M (Male) or F (Female). Authorized abbreviations for Race are: W (White), B (Black), I (American Indian or Alaskan Native), A (Asian or Pacific Islander) or U (Unknown). Height should be entered as feet and inches (eg., 6'4"), and the hair color should be entered using BRO (Brown), BLK (Black), BLN (Blond), GRY (Gray), RED (Red), SDY (Sandy), WHI (White) and XXX (Other). Eye color abbreviations are: BLU (Blue), BRO (Brown), GRY (Gray), GRN (Green), HAZ (Hazel), PNK (Pink), or XXX (Other).
- (6) Give the form to the dealer.
- (7) Furnish reliable identification that includes a photograph. A motor vehicle operator's license or state issued identification card are examples of reliable identification.

**SECTION 2 Firearms Dealer (Seller's Section)**

- (8) Complete all required information in ink. A stamp may be used for block 18.
- (9) Check transferee's photo identification and complete blocks 17 through 19.
- (10) Call the firearms hotline and provide the hotline operator with your Dealer Identification Number (DIN), the number in the upper right hand corner of the form and the information concerning the buyer.
- (11) Complete blocks 20 through 24. (The 48 hour waiting period begins when the Call Confirmation Number is issued.)
- (12) When the felony check is completed, record the transfer approval number in block 25 or transfer nonapproval number in block 26.
- (13) If a nonapproval number is issued, provide the buyer with his or her copy of the form and mail the "CIB" copy to the address provided on the bottom of the form within 24 hours.
- (14) If an approval number is issued, complete blocks 27 through 29 at the time of transfer and mail the "CIB" copy to the address provided on the bottom of the form within 24 hours.

Wisconsin Department of Justice  
 Sec. 175.35, Wis. Stats.  
 DJ-LE-FH3, (9/91)

## APPENDIX III

## FIREARMS DEALER FORMS REQUISITION

DEALER INFORMATION		
Dealer Name		
Street Address		
City	State	Zip Code
Federal Firearms License Number		
DOJ Dealer Identification Number		
Signature		

NAME OF FORM	QUANTITY
Firearms Dealer Registration (DJ-LE-FH1)	
Firearms Dealer Notification (Handgun Transfers) (DJ-LE-FH2)	
Firearms Dealer Forms Requisition (DJ-LE-FH3)	

## ADDRESS ALL INQUIRIES &amp; REQUESTS TO:

Department of Justice  
 Crime Information Bureau  
 Attention: Firearms Hotline  
 P.O. Box 2718  
 Madison, Wisconsin 53701-2718  
 Telephone: 608/266-7314

FOR CIB USE ONLY			
Dealer Name:		Order Reviewed By:	
How Order Received:	<input type="checkbox"/> Phone <input type="checkbox"/> Other	<input type="checkbox"/> Mail	Order Recorded By:
Date Order Received:		Order Filed By:	Date:
Date Mail Label Prepared:		Order Mailed By:	Date:
Special Notes:			