

**Jus 10
APPENDIX I**

Wisconsin Department of Justice
Sec. 175.35, Wis. Stats.
DJ-LE-FH1 (07/91)

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: 1-800-262-4867