



Crosshairs Shipping Form

Transferor/Owner

Name: _____

Address: _____

Phone Number: _____

Email: _____

Transferee/Recipient

Name: _____

Address: _____

Phone Number: _____

Email: _____

Receiving Gun Store

Name: _____

Address: _____

Phone Number: _____

Email: _____

Firearm Information

- Handgun - Rifle/Shotgun - Other (Receiver/Frame)

Number of Firearms to be Shipped: _____

Make: _____ Model: _____ Caliber: _____ Serial: _____

Make: _____ Model: _____ Caliber: _____ Serial: _____

Make: _____ Model: _____ Caliber: _____ Serial: _____

Crosshairs Internal Use Only			
<input type="checkbox"/> -FFL Contacted	<input type="checkbox"/> -FFL Received	<input type="checkbox"/> -Firearms In	<input type="checkbox"/> -Firearms Out
Carrier:	Tracking:	Pickup:	Est. Del: