



**CITY OF SUNNYVALE
AMMUNITION REGISTRATION FORM**

**ALL INFORMATION WILL BE COPIED
FROM THE CUSTOMER'S ID AND
RECORDED BY THE SALES PERSON**

**ALL INFORMATION MUST BE
LEGIBLE AND PRINTED IN INK**

DEALER NAME _____ PURCHASE DATE (MM/DD/YY) _____ TIME OF PURCHASE _____

LAST NAME	FIRST NAME	MI	DOB (MMDDIYY)	LICENSE/I.D. NUMBER	LICENSE I.D. STATE
STREET ADDRESS		APT	CITY		STATE
CUSTOMER'S SIGNATURE		SALESPERSON'S NAME (PRINT)		SALESPERSON'S SIGNATURE	

Signed under penalty of perjury that this is my true identity

Signed under penalty of perjury that information is as presented to me.

AMMUNITION PURCHASED

Qty	Caliber/Gauge	Brand	OTHER		
			Qty	Caliber/Gauge	Brand
_____	22 cal	_____	_____	_____	_____
_____	25 cal	_____	_____	_____	_____
_____	.32 cal	_____	_____	_____	_____
_____	.38 cal	_____	_____	_____	_____
_____	.380 auto	_____	_____	_____	_____
_____	9 mm	_____	_____	_____	_____
_____	.40 cal	_____	_____	_____	_____
_____	.45 cal	_____	_____	_____	_____
_____	5.56 mm /.223 cal	_____	_____	_____	_____
_____	7.62 x39 mm	_____	_____	_____	_____
_____	30-30 Win	_____	_____	_____	_____
_____	30:06	_____	_____	_____	_____
_____	.308Win	_____	_____	_____	_____
_____	270	_____	_____	_____	_____
_____	12 GA #2 Buckshot	_____	_____	_____	_____
_____	12 GA 00 Buckshot	_____	_____	_____	_____
_____	20 GA #2 Buckshot	_____	_____	_____	_____
_____	20 GA #2 00 Buckshot	_____	_____	_____	_____

RIGHT
THUMBPRINT