

Date:

STREICHER'S
ATTN: Sales Department
10911 West Highway 55
Minneapolis, MN 55441-0398

To Whom It May Concern:

Under penalty or perjury, I hereby certify that the below-named individual is a duly sworn law enforcement officer with this agency, that this officer is not subject to a court order restraining from harassing, stalking, or threatening an intimate partner or child of such partner. I also certify, under penalty of perjury, that a records check has been conducted on the law enforcement officer below who is purchasing the firearm and/or high capacity ammunition feeding devices and it has revealed no convictions for misdemeanor or felony crimes of domestic violence.

Furthermore, I certify that the requested firearm will be used in performing official duties and that any high capacity ammunition feeding device(s) requested will not be for personal use or for the purposes of transfer or resale.

OFFICER INFORMATION

Full Name:

Home Address:

City, State, Zip Code:

Home Phone Number:

Date of Birth:

Method of Payment:

Card owner signature: _____ Exp. Date: _____

Agency Phone Number:

Badge/ID Number:

FIREARM ONLY PURCHASE

Make:

Caliber:

Barrel Length:

Additional Magazines (quantity):

Quantity:

Model:

Finish:

Special Features (night sights, etc):

MAGAZINE ONLY PURCHASE

Make:

Model:

Quantity:

Sincerely,

Purchasers Signature

Supervisors Signature

Printed Name & Title