STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE

Federal Firearms Licensee Large Capacity Magazine Monthly Report

Instructions:

1. **Type or print all information in all sections. (Must be legible or it will be returned.)**
2. **Federal Firearms Licensee's must send this report to the Department of Emergency Services and Public Protection, Special Licensing and Firearms Unit, at 1111 Country Club Road, Middletown, Connecticut 06457-2389 or email to: DEALERS@ct.gov by the 5th of every month.**
3. **If no large capacity magazines are transferred to the licensee, the licensee is still required to submit this report. In this case, it should state in BOLD letters "NO TRANSFERS MADE".**
4. ***NOTE: This form will be replaced by DESPP-416-C-1, Transfer of Large Capacity Magazine(s), on 01/01/14.***

Dealer Name: (Name of business)	
Address: (Number, Street, City or Town, State, Zip Code) ***NO P.O. Boxes***	
Email Address:	**Business telephone number:**
Federal Firearms License Number:	

Make (if available)	Type	Capacity	Number of Magazines
EX: Ammunition Storage Components	**6.5 Grendel**	**17**	**20**

I understand that any false statement herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function, is punishable by law (See C.G.S. § 53a-157b). My signature below attests to the accuracy, completeness and truth of all information supplied on this application:

I declare, under the penalties of false statement, that the information reflected above is true and accurate.

SIGNED: _____ Dated: _____

Signature of Federal Firearm Licensee holder

Print