



Firearms Storage Location Compliance Form

Law Enforcement Agency or FFL Business Information

Name of Agency Or Business: _____

Address: _____
Street Address

City State ZIP Code

Business Phone: _____ Alternate Phone: _____

Email _____

Name of Agency or Business Head: _____
(Last) (First) (M.I.)

Law Enforcement Agency, please indicate below which service your agency is willing to provide:

- _____ I will only accept firearm(s), ammunition and weapons from citizens residing within my jurisdiction.
_____ I will participate on a regional and statewide basis accepting firearm(s), ammunition or weapons from anyone.

FFL# (If applicable): _____

For FFL only: Special Occupational Taxpayer (SOT)? YES NO
Provide safe storage for other individuals? YES NO

Name of person responsible for the program: _____

Compliance Information

I certify the following:

- I have an active federal firearms license and I am in good standing with the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF). (Not applicable to law enforcement agencies).
I agree to charge storage fees that are reasonably related to the expenses incurred in administering this program pursuant to Title 20 V.S.A section 2307. Federally licensed firearm dealers shall send a copy of their fee schedule to: jud.security@vermont.gov
I agree to transport firearms in accordance with Vermont law. They should be unloaded and in a secure location inside the vehicle that is not accessible to children or a prohibited person. I agree to take precautions to ensure the weapons are not accessible from outside the motor vehicle.
For law enforcement agencies, firearms shall be stored utilizing two levels of physical security. Two levels of physical security meaning two distinct lockable barriers, each specifically designed to render a weapon inaccessible and unusable to unauthorized persons. Lockable barriers meeting this description may be either manual or electronic.
For federally licensed firearms dealers, firearms shall be stored in a manner that prevents unauthorized access.

I agree to the above and will comply with these guidelines for relinquishment and storage of firearms provided by the Vermont Department of Public Safety.

Signature Date