



METROPOLITAN POLICE DEPARTMENT | WASHINGTON, DC

Firearms Registration Branch

441 4th Street, NW • Room 550 S • Washington, DC 20001 | (202) 727-4275

Application for Firearm Registration (PD-219)

No transfer of a firearm between the seller and the purchaser may be made until a reply from the Chief of Police has been received by both parties involved.

SELLER NAME				PURCHASER/OWNER NAME			
STREET ADDRESS			APT. NO	STREET ADDRESS			APT. NO
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DESCRIPTION OF FIREARM				DESCRIPTION OF PURCHASER/OWNER			
<input type="checkbox"/> NEW <input type="checkbox"/> USED		MAKE OF WEAPON		DATE OF BIRTH		PLACE OF BIRTH	
MODEL		SERIAL NUMBER		EMAIL (OPTIONAL, NOT REQUIRED)		RACE	SEX
MANUFACTURER ID NO.		NO. OF SHOTS	CALIBER	OCCUPATION		BUSINESS NAME	
NO. OF BARRELS/LENGTH	FINISH	TYPE OF ACTION		BUSINESS ADDRESS			
IDENTIFYING MARKS				HOME PHONE NUMBER		BUSINESS PHONE NUMBER	

PURCHASER/OWNER ADDRESSES FOR THE PAST FIVE (5) YEARS, WITH DATES OF RESIDENCE

HAVE YOU PREVIOUSLY BEEN DENIED IN THE DISTRICT OF COLUMBIA OR ELSEWHERE ANY PISTOL, RIFLE, OR SHOTGUN LICENSE OR REGISTRATION CERTIFICATE? ☐ NO ☐ YES

IF YES, PLEASE EXPLAIN WHY AND BY WHOM

HAVE YOU EVER BEEN INVOLVED IN ANY MISHAP INVOLVING A PISTOL, RIFLE, OR SHOTGUN? ☐ NO ☐ YES

IF YES, EXPLAIN CIRCUMSTANCES, INCLUDING DATES, PLACES, AND NAMES OF ANY PERSONS INJURED OR KILLED.

GIVE A BRIEF STATEMENT OF WHERE THE FIREARM WILL GENERALLY BE KEPT.

I HEREBY CERTIFY THAT I AM NOT FORBIDDEN BY EXISTING LAWS AND REGULATIONS FROM PURCHASING OR POSSESSING A FIREARM AND THAT THE INFORMATION GIVEN BY ME ON THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND DOES NOT KNOWINGLY CONTAIN ANY MATERIAL MISREPRESENTATION OF FACT.

SIGNATURE OF SELLER	DATE	SIGNATURE OF PURCHASER/OWNER	DATE
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FOR FIREARMS REGISTRATION BRANCH USE ONLY

REGISTRATION NUMBER	DEALER'S LICENSE NO.
DATE REGISTERED	