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**		
☐ NEW ☐ USED	MAKE OF WEAPON		DATE OF BIRTH	PLACE OF BIRTH	
MODEL	SERIAL NUMBER		EMAIL (OPTIONAL, NOT REQUIRED)	RACE	SEX
MANUFACTURER ID NO.	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**

FOR FIREARMS REGISTRATION BRANCH USE ONLY

REGISTRATION NUMBER	DEALER'S LICENSE NO.
DATE REGISTERED	