Firearms Accessories Dealer Application Form

Company Information:

Business Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
Email Address: _____
Website (if applicable): _____

Owner/Principal Information:

Name: _____
Title: _____
Phone Number:_____
Email Address: _____

Business Structure:

[ ] Sole Proprietorship
[ ] Partnership
[ ] Corporation
[ ] LLC
[ ] Other: _____

Federal Firearms License (FFL) Information:

Do you have a Federal Firearms License? [ ] Yes [ ] No
FFL Number: _____
Expiration Date: _____

Business Operations:

1. How long have you been in business? _____ years
2. Describe your business (e.g., retail, online sales, etc.):
   _____
   _____

3. List the types of firearm accessories you intend to sell:
   _____
   _____

4. Do you have any existing relationships with other firearms accessory manufacturers?
   [ ] Yes [ ] No
   If yes, please list: _____

References:

Please provide two business references:

1. Reference Name:_____
   Company: _____
   Phone Number: _____
   Email Address: _____

2. Reference Name: _____
   Company: _____
   Phone Number:_____
   Email Address: _____

Compliance and Agreement:

I certify that the information provided in this application is true and accurate to the best of my knowledge.
I understand that providing false information may result in the denial of this application or termination of any future agreements.
I agree to comply with all applicable federal, state, and local laws regarding the sale of firearms accessories.

Signature: _____ Date: _____