



# CAPITOL POLICE DEPARTMENT

## COMMONWEALTH OF PENNSYLVANIA

### Department of General Services

Suite 70E, Capitol East Wing, Harrisburg, Pennsylvania 17125  
Superintendent's Office: (717) 787-9013 – Fax: (717) 787-8637



### FIREARMS ACKNOWLEDGEMENT RECEIPT

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

OLN#: \_\_\_\_\_ STATE: \_\_\_\_\_

TIME IN: \_\_\_\_\_ SERIAL #: \_\_\_\_\_ BIN #: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

CALIBER: \_\_\_\_\_ RECEIVING OFFICER: \_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Acknowledging Return of Weapon)

Additional Information: \_\_\_\_\_

\_\_\_\_\_

**REMEMBER WEAPONS SAFETY/MUZZLE DISCIPLINE**

**\*\*PA CAPITOL POLICE FILE COPY\*\***

### FIREARMS ACKNOWLEDGEMENT RECEIPT

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

OLN#: \_\_\_\_\_ STATE: \_\_\_\_\_

TIME IN: \_\_\_\_\_ SERIAL #: \_\_\_\_\_ BIN #: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

CALIBER: \_\_\_\_\_ RECEIVING OFFICER: \_\_\_\_\_

OFFICER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Officer Acknowledging Return of Weapon to Owner)

**REMEMBER WEAPONS SAFETY/MUZZLE DISCIPLINE**

**\*\*OWNER COPY\*\***