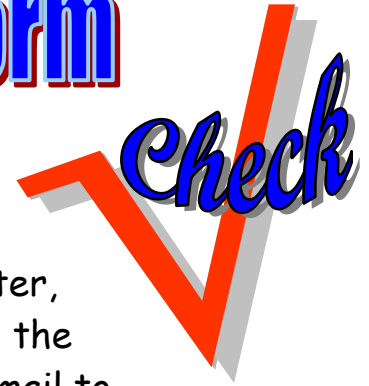


VCheck Registration Form



- 1 Provide the information below.
- 2 Fax this information to the Firearms Transaction Center, along with a copy of your Federal Firearms License, to the attention of the FTC Help Desk at 804-674-2791, or mail to Post Office Box 85608, Richmond, Virginia 23285-5608.
- 3 A member of the FTC will contact you by telephone to finalize your VCheck authorization.

The name provided below should be the person responsible for contacting us regarding user name and password issues.

DIN	<input type="text"/>
Business Name	<input type="text"/>
First Name	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text"/>
Mailing Address	<input type="text"/>
City/State/Zip	<input type="text"/>
Email Address	<input type="text"/>
Telephone	<input type="text" value="()"/>
Signature/Date	<input type="text"/>

Questions?
Firearms Transaction Center (804) 674-2292
firearms@vsp.virginia.gov