

## **OFFICE OF THE SHERIFF**

9311 Lee Avenue

Manassas, Virginia 20110

(703) 792-6070 FAX (703) 792-7485

Glendell Hill Sheriff

## **Questions for Investigation of ATF Form 4 Transferor Requests**

	H	Please ch	ase check desired response:	
1.	Do you have any criminal history in your background?		YES	NO
2.	Do you have any mental health history in your background	1?	YES	NO
3.	Have you been in the military? If yes, then the type of dis	charge?	YES	NO
4.	What is your citizenship status?			
5.	Are you or have you ever been part of a militant organizat	ion?	YES	NO
6.	Do you currently or have you ever had a substance abuse p	oroblem	? YES	NO
7.	Have you ever had any domestic violence in your history or had a protective order issued against you? YES NO			
8.	What type of security (Safe, etc.) do you have in your home for your weapons?			
9.	Do you have a security system for your home? What type	? YES	1	NO
10.	. What is your profession?			
NAME: Telephone (H):		[):		
ADDR	RESS:  Telephone (W	V):		

I authorize a duly sworn agent of the Prince William County Sheriff's Office to investigate the truthfulness of the information contained within the documents relating to the ATF Form 4 Request. This includes authorization to run a criminal history check through VCIN and NCIC.

Signature

Date