	AUTHORIT		COMPLIANCI			itate Civil Inf	raction	MiPistol	
		Pl	JRCHASE	<b>R INFOR</b>	MATION				
Purchaser Name	Suffix) or Business Name			Date of E	Birth F	FFL Number			
Race	Sex	CPL	CPL Number (if applicable)			MCOLES Number (if applicable)			
Street Address			Lot/Suite/Apartment			City			
County			ZIP Code		F	Phone Number			
FIREARM INFORMATION									
		ufacturer		Model		Caliber			
Pistol	Type:	Semi-Au	o Revolver		Shot	Barrel	Length	Overall Length	
Non-Pistol		Other							
		ę	SELLER IN	FORMA	TION				
Seller Name (La	st, First, M	iddle, Suffi	x) or Busine	ess Name	e (if FFL [	Dealer)	Purcha	se/Transfer Date	
Seller FFL Number (if applicable) Last 9 Digits NICS Transaction Number									
Police Department/Sheriff's Office Copy									
RI-060 (02/2024) Mi	chigan State P	olice							

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## FIREARM SALES RECORD AUTHORITY: MCL 28.422a COMPLIANCE: Required PENALTY: State Civil Infraction

PURCHASER INFORMATION									
Purchaser Name (Last, First, Middle, Suffix) or Business Name					Name [	Date of Birth	F	FL Number	
Race	Sex	CPL N	Number (if a	le) N	MCOLES Number (if applicable)				
Street Address			Lot/Suite/Apartment			City			
County	county			ZIP Code			Phone Number		
Purchaser Signature									
	FIREARM INFORMATION								
Serial Number		Manufacturer I			Model			Caliber	
Pistol	Type: S	Semi-Auto	o Revolver Shot		Shot	Barrel Ler	ngth	Overall Length	
Non-Pistol	(	Other							
SELLER INFORMATION									
Seller Name (Last, First, Middle, Suffix) or Business Name (if FFL Dealer) Purchase/Transfer Date									
Seller FFL Number (if applicable) Last 9 Digits NICS Transaction Number									
Seller Copy									

## FIREARM SALES RECORD

AUTHORITY: MCL 28.422a	COMPLIANCE: Required	PENALTY: State Civil Infraction
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PURCHASER INFORMATION								
Purchaser Name (Last, First, Middle, Suffix) or Business Name					lame	Date of E	Birth I	FL Number
Race	Sex	CPL Number (if applicable)			le)	MCOLES Number (if applicable)		
Street Address			Lot/Suite/Apartment			City		
County			ZIP Code			Phone Number		
Purchaser Signature								
FIREARM INFORMATION								
Serial Number	erial Number Manu		Ifacturer Mo		Model	1		Caliber
Pistol	Type: Sen	ni-Auto	i-Auto Revolver S		Shot	Barrel	Length	Overall Length
Non-Pistol	Oth	er	r S				_	
SELLER INFORMATION								
Seller Name (Last, First, Middle, Suffix) or Business Name (if FFL Dealer) Purchase/Transfer Date								
Seller FFL Number (if applicable) Last 9 Digits NICS Transaction Number								
Purchaser Copy								
RI-060 (02/2024) Michigan State Police								

## INSTRUCTIONS

This form is designed to be completed electronically and must be printed on white paper.

One of the following is mandatory when completing this form: Purchaser's Concealed Pistol License (CPL) Number; Purchaser's Michigan Commission on Law Enforcement Standards (MCOLES) Number; or Seller's Federal Firearms License (FFL) Number and National Instant Criminal Background Check System (NICS) Transaction Number.

The Seller shall complete the Purchaser Information, Firearm Information, and Seller information sections legibly and completely. The Purchaser shall sign all three copies. The Seller shall provide the Purchaser Copy to the Purchaser and may retain the Seller Copy.

If the firearm is a pistol, the Seller shall return the completed Police Department/Sheriff's Office Copy to their local police department or sheriff's office within ten days of purchase or acquisition. If the firearm is a non-pistol, it is not required to return the record to the local police department or sheriff's office.

The local police department or sheriff's office shall enter the information into the MiPistol database within ten days of receipt, mark the "Entered in MiPistol" check box on the Police Department/Sheriff's Office Copy, and forward the Police Department/Sheriff's Office Copy to the Michigan State Police, Firearms Records Unit.

Note: A person who forges any matter or makes a material false statement on this form is guilty of a felony, punishable by imprisonment for not more than four years or a fine of not more than \$2,000.00, or both.