

FIREARMS INSTANT CHECK ACCOUNT FORM  
Oregon State Police  
3565 Trelstad Ave. SE  
Salem, OR 97317  
Phone: 800-432-5059 Fax: 503-370-8584  
General Email Delivery: OSP.Firearms@state.or.us

**PLEASE NOTE: ALL ACCOUNT CHANGES REQUIRE A COPY OF YOUR SIGNED FEDERAL FIREARMS LICENSE BE RETURNED WITH THIS FORM. THE FORM MAY BE RETURNED TO US BY USING MAIL, FAX OR EMAIL.**

New Account                       FFL Renewal                       Business Information Change

1. Last 5 of FFL # \_\_\_\_\_
  2. Password \_\_\_\_\_  
Passwords must be a minimum of 4 and a maximum of 8 characters – no spaces permitted
  3. Licensee/Responsible Person \_\_\_\_\_
  4. Business Name \_\_\_\_\_
  5. Business Telephone \_\_\_\_\_
  6. Business Fax \_\_\_\_\_
  7. Premises Address \_\_\_\_\_  
\_\_\_\_\_
  8. Business Hours \_\_\_\_\_  
If we need to contact you what hours and days are you available?
  9. Days Closed \_\_\_\_\_
  10. Holidays Observed \_\_\_\_\_
  11. Billing Address \_\_\_\_\_  
If different from street address
  12. Mailing Address \_\_\_\_\_  
If different from street and billing address
  13. E-Mail Address \_\_\_\_\_
- Signature \_\_\_\_\_ Date \_\_\_\_\_