



FIREARMS INSTANT CHECK ACCOUNT FORM
Oregon State Police
3565 Trelstad Ave. SE
Salem, OR 97317
Phone: 800-432-5059 Fax: 503-370-8584
FFL/Dealer Email: firearm.dealers@osp.oregon.gov

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. Dealer Phone Password _____

The FFL/dealer phone password must be at least 8 characters.

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 _____

See the website at <https://www.oregon.gov/osp/programs/cjis/pages/firearms-instant-check-system.aspx> for password requirements.