|  |  |  |
| --- | --- | --- |
| STATE OF VERMONTDEPARTMENT OF PUBLIC SAFETYVERMONT FORENSIC LABORATORYP.O. BOX 47WATERBURY, VERMONT 05676-0047 | VTforensic_lab | TEL: 802•244•8788FAX: 802•241•5557E-MAIL: DPS.ForensicLab@vermont.govhttp://www.vfl.vermont.gov/ |

Vermont Forensic Laboratory Review of Unlawful Firearm Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I work for the following law enforcement agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The agency case number associated with the unlawful firearm submitted for disposition is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Phone | Email |
| Investigating Official |  |  |  |
| Prosecuting Official |  |  |  |

□ The documentation associated with the owner of the weapon and three photographs of the weapon are attached.

|  |  |  |  |
| --- | --- | --- | --- |
| **Make** | **Model** | **Caliber** | **Serial #** |
|  |  |  |  |

I have reviewed 20 V.S.A. §§ 2302 and 2303 and I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify the below listed firearms are subject to disposal in accordance with Chapter 145 of Title 20 for the following reasons:

|  |
| --- |
| Unlawful per se |
| □ | Possession of the firearm is per se unlawful under federal law or state law.Or the firearm was used in a homicide. |
| or Unlawful |
| □ | Possession of the firearm is a violation of federal law or state law. |
| □ | The firearm was □ carried or □ used in violation of federal law or state law or in the commission of any federal or state felony. |

REQUIRED FOR ALL REVIEWS:

Dated this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Vermont.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Printed Name

FOR VFL USE ONLY:

|  |  |
| --- | --- |
| □ | Firearm will be retained by the VFL as part of its Reference Collection. |
| □ | Firearm to be transferred to BGS. |

|  |
| --- |
| **Chain of Custody** |
| **Received From** | **Date** | **Time** | **Received By** |
|  |  |  |  |