

Precious Metal Transaction Report

PLEASE PRINT ALL INFORMATION:

Date: _____
Time: _____
License# _____

Name of Company: _____

Business Address: _____

Seller: _____
Last Name First Middle

Address: _____
Street
_____ City/State/Zip

ID Information: Type: _____ SS# _____
ID # _____ Sex _____
DOB ____ / ____ / ____ Race _____

Description of Metals Received:

| Quantity: | Article: | Description |
|-----------|----------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please use additional forms if more lines are needed

Seller's source of acquisition of above listed articles: _____

I hereby verify that the statements and information appearing above on this record of precious metals transactions are true and correct. I understand that falsifying statements herein are subject to the penalties of 18 PCSA Sec 4904 relating to unsworn falsification to authorities.

Signature of Seller: _____

Signature of Dealer: _____

PLEASE COMPLETE AND MAIL TO:
Montgomery County Detective Bureau
BCI Unit, Precious Metal Reports
Court House
Norristown, PA 19404