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## LE / Military / Federal Purchase Program Credentials Verification Form

Purchaser:	
Agency / Branch:	
Position / Rank:	ID #
Address:	
Phone #	Date:
Purchaser Signature:	

(To be completed by FFL)

I, _____ certify that I have personally observed the purchaser's Law Enforcement / Military credentials and verified the above information.		
Sign: _____		Date: _____
Invoice #:	Item #:	Serial #:

(Attach to completed ATF Form 4473)