

PROOF DECLARATION

To: The Proof Master, BIRMINGHAM

Please Use Block Capitals

Please carry out the work I have requested on the arms listed below

For and on behalf of (Name, Address & Tel):

Signed

Date.....

Purpose Proof, Reproof sleeved, D/A, M/R Etc.	Military Yes/No	Type D/B, S/B Shotgun Pistol, Revolver, B/A Rifle Etc.	Maker	Country of Origin	Number	Calibre	Chamber Length	Barrel Length D/A's ONLY	Steel Shot Yes/No	Ammo Test Ref. Proof House Use Only	Comments

* for Deactivated weapons where components can be used please tick the statement that applies Components used in deactivation___ Components surrendered___ Components retained by client___