



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](mailto: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.