



Harrisburg, PA 17112

### Customer Gunsmithing Request Form

RA Number:			
First Name:		Last Name:	
Street Address:		City:	State: Zip:
Telephone Area Code:		Telephone Number:	
Make and Model:		Serial #:	
Date of Problem Occurrence:		Caliber:	
Conditions when problem occurred:		Products used when cleaning or lubricating:	
What Magazine brand and type used:		What ammo brand and type used:	

Detailed Description of Problem:	
If more space is needed please use the back of paper and check here: <input type="checkbox"/>	

\*By signing this form you are stating all information is true and correct to the best of your knowledge\*

Signature:	Date:
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