



**Work Request Form**

Name:

Phone:  E-Mail:

*Shipping Address*

Street:

City, State, Zip:

*Billing Address (if different than shipping address)*

Street:

City, State, Zip:

Insurance Amount (\$100 Free from USPS):

**Firearm**

Manufacturer:  Model:

Caliber / Gauge:  Serial Number:

**Included Parts:**



***Work Request Form***

***Work Requested***

Color Case Hardening:

Blueing: Hot Salts, Nitre, Browning (Please specify)

Other Work: