

U.S. Department of Justice
Bureau of Alcohol, Tobacco, Firearms and Explosives

Application for Tax Paid Transfer and Registration of Firearm

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| ATF Control Number 2a. Transferee's Name and Address <i>(Including tradename, if any) (See instruction 2)</i> Your NFA Trust's name Address where item will be stored City, State, Zip | Submit in Duplicate to: National Firearms Act Branch Bureau of Alcohol, Tobacco, Firearms and Explosives, P.O. Box 530298 Atlanta, GA 30353-0298 |
| 2b. County <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;">USA</div> | 1. Type of Transfer <i>(Check one)</i> <input type="checkbox"/> \$5 <input checked="" type="checkbox"/> \$200 Submit with your application a check or money order for the appropriate amount made payable to the Bureau of Alcohol, Tobacco, Firearms and Explosives. Upon approval of this application, this office will acquire, affix and cancel the required "National Firearms Act" stamp for you. <i>(See instructions 2h, 2i and 3.)</i> |
| 3a. Transferor's Name and Address <i>(Including trade name, if any) (Executors: see instruction 2k)</i> Executor of Estate or Dealer Name Address City, St Zip | 3d. Number, Street, City, State and Zip Code of Residence <i>(or Firearms Business Premises) if Different from Item 3a.</i> |
| 3b. Transferor's Telephone Number and Area Code (XXX) XXX-XXXX | |
| 3c. If Applicable: Decedent's Name, Address, and Date of Death Decedent's name and address and date of death if from an estate | |

The above-named and undersigned transferor hereby makes application as required by Section 5812 of the National Firearms Act to transfer and register the firearm described below to the transferee.

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|--|--|--|---|--|---|--|--|
| 4. Description of Firearm <i>(Complete items a through h)</i> a. Name and Address of Manufacturer and/or Importer of Firearm Manufacture's Name Address City, State, Zip | | | b. Type of Firearm <i>(See instruction 1c)</i> Silencer | c. Caliber, Gauge or Size <i>(Specify)</i> 9MM | d. Model Model Length <i>(Inches)</i> e. Of Barrel: f. Overall: N/A N/A N/A | | |
| | | | g. Serial Number XXXXX-XXXXX | | | | |

h. Additional Description or Data Appearing on Firearm *(Attach additional sheet if necessary)*
If there are additional markings they should be included here

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|---|----------|----------|----------|---|----------|
| 5. Transferee's Federal Firearms License <i>(If any)</i> <i>(Give complete 15-digit number) (See instruction 2h)</i> | | | | 6. Transferee's Special (Occupational) Tax Status <i>(If any)</i> | |
| First 6 digits | 2 digits | 2 digits | 5 digits | a. Employer Identification Number | b. Class |
| | | | | Your Social Security # | |
| 7. Transferor's Federal Firearms License <i>(If any)</i> <i>(Give complete 15-digit number) (See instruction 2h)</i> | | | | 8. Transferor's Special (Occupational) Tax Status <i>(If any)</i> | |
| First 6 digits | 2 digits | 2 digits | 5 digits | a. Employer Identification Number | b. Class |
| | | | | | |

Under Penalties of Perjury, I Declare that I have examined this application, and to the best of my knowledge and belief it is true, correct and complete, and that the transfer of the described firearm to the transferee and receipt and possession of it by the transferee are not prohibited by the provisions of Chapter 44, Title 18, United States Code; Chapter 53, Title 26, United States Code; or Title VII of the Omnibus Crime Control and Safe Streets Act, as amended; or any provisions of State or local law.

9. Consent to Disclosure of Information to Transferee *(See instruction 8)*. I Do or Do Not *(Circle one)* Authorize ATF to Provide Information Relating to this Application to the Above-Named Transferee.

| | | |
|---|---|----------------------------|
| 10. Signature of Transferor <i>(or authorized official)</i> DEALER / EXECUTOR WILL SIGN HERE | 11. Name and Title of Authorized Official <i>(Print or type)</i> | 12. Date MM/DD/YYYY |
|---|---|----------------------------|

The Space Below Is for the use of the Bureau of Alcohol, Tobacco, Firearms and Explosives

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| By authority of the Director, This Application has been Examined, and the Transfer and Registration of the Firearm Described herein and the Interstate Movement of that Firearm, when Applicable, to the Transferee are: | Stamp Denomination |
|--|--------------------|

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| <input type="checkbox"/> Approved <i>(with the following conditions, if any)</i> | <input type="checkbox"/> Disapproved <i>(For the following reasons)</i> |
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| Signature of Authorized ATF Official | Date |
|--------------------------------------|------|

Transferee Information

The following questions must be answered by any transferee who is not a Federal firearms licensee or government agency. The transferee shall give full details on a separate sheet for all "YES" answers. (See instruction 2d)

| 13. Are You: | | Yes | No | 14. Have You: | | Yes | No |
|--|--|-----|-------------------------------------|---|--|-----|-------------------------------------|
| a. Charged by information or under indictment in any court for a crime punishable by imprisonment for a term exceeding one year? | | | <input checked="" type="checkbox"/> | a. Been convicted in any court of a crime for which the judge could have imprisoned you for more than one year, even if the judge actually gave you a shorter sentence? | | | <input checked="" type="checkbox"/> |
| b. A fugitive from justice? | | | <input checked="" type="checkbox"/> | b. Been discharged from the armed forces under dishonorable conditions? | | | <input checked="" type="checkbox"/> |
| c. An alien who is illegally or unlawfully in the United States? | | | <input checked="" type="checkbox"/> | c. Been adjudicated mentally defective or been committed to a mental institution? | | | <input checked="" type="checkbox"/> |
| d. Under 21 years of age? | | | <input checked="" type="checkbox"/> | d. Renounced your United States citizenship? | | | <input checked="" type="checkbox"/> |
| e. An unlawful user of or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance? | | | <input checked="" type="checkbox"/> | e. Been convicted in any court of a misdemeanor crime of domestic violence? This includes any misdemeanor conviction involving the use or attempted use of physical force committed by a current or former spouse, parent, or guardian of the victim, or by a person with a similar relationship with the victim. | | | <input checked="" type="checkbox"/> |
| f. Subject to a court order restraining you from harassing, stalking or threatening an intimate partner or child of such partner? | | | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> |

15. Transferee's Certification (See instruction 2e)

16. Photograph

I, Your NFA Trust's name, have a reasonable necessity to
(Name of Transferee)
possess the machinegun, short-barreled rifle, short-barreled shotgun, or destructive device described on this application for the following reason(s)
Hunting, Collecting, other lawful purposes
and my possession of the device or weapon would be consistent with public safety (18 U.S.C. 922(b) (4) and 27 CFR 478.98).
UNDER PENALTIES OF PERJURY, I declare that I have examined this application and the documents submitted in support thereof, and to the best of my knowledge and belief it is true, correct and complete.
YOUR SIGNATURE AS TRUSTEE MM/DD/YYYY
(Signature of Transferee) *(Date)*

IGNORE THIS SECTION

17. Law Enforcement Certification

I certify that I am the chief law enforcement officer of the organization named
Your NFA Trust's name. I have
(Name of Transferee)
described on this application for other than lawful purposes. I have no information that would place the transferee in violation of State or local law.
(Signature and Title of Chief Law Enforcement Officer)

IGNORE SECTION 17 FROM HERE DOWN

MM/DD/YYYY
(Date)

(Organization and Street Address)

(County)

(Telephone Number)

Important Information for Currently Registered Firearms

If this registration document evidences the current registration of the firearm described on it, please note the following information.

Estate Procedures: For procedures regarding the transfer of firearms in an estate resulting from the death of the registrant identified in item 2a, the executor should contact the NFA Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25401.

Change of Address: Unless currently licensed under the Gun Control Act, the registrant shall notify the NFA Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25401, in writing, of any change to the address in Item 2a.

Change of Description: The registrant shall notify the NFA Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25401, in writing, of any change to the description of the firearm in Item 4.

Interstate Movement: If the firearm identified in item 4 is a machinegun, short-barreled rifle, short-barreled shotgun, or destructive device, the registrant may be required by 18 U.S.C. § 922(a)(4) to obtain permission from ATF prior to any transportation in interstate or foreign commerce.

Restrictions on Possession: Any restriction (see approval block on face of form) on the possession of the firearm identified in item 4 continues with the further transfer of the firearm.

Persons Prohibited from Possessing Firearms: If the registrant becomes prohibited by 18 U.S.C. § 922 from possessing a firearm, the registrant shall notify the NFA Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25401, in writing, immediately upon becoming prohibited for guidance on the disposal of the firearm.

Proof of Registration: This approved application is the registrant's proof of registration and it shall be made available to any ATF officer upon request.