

Red boxes are generally left blank instructions on

www.GunTrustLawyer.com/form1

OMB No. 1140-0011 (06/30/2019)

Bureau of Alcohol, Tobacco, Firearms and Explosives

## Application to Make and Register a Firearm

### ATF Control Number

To: National Firearms Act Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, P.O. Box 530298, Atlanta, GA 30353-0298

(Submit in duplicate. See instructions attached.)

As required by Sections 5821(b), 5822, and 5841 of the National Firearms Act, Title 26 U.S.C., Chapter 53, the undersigned hereby submits application to make and register the firearms described below.

2. Application is made by:

☐ INDIVIDUAL ☒ TRUST or LEGAL ENTITY ☐ GOVERNMENT ENTITY

3a. Trade name (If any)

3b. Applicant's name and mailing address (Type or print below and between the dots) (See instruction 2d)

TRUST NAME  
123 MAIN STREET  
● JACKSONVILLE, FL 32207 ●

3c. If P.O. Box is shown above, street address must be given here

3d. County  
DUVAL

3e. Telephone area code and number  
904-555-1212

3f. e-mail address (optional)

4 Description of Firearm (complete items a through k) (See instruction 2j)

a. Name and Address of Original Manufacturer and/or Importer of Firearm (if any)

b. Type of Firearm to be made  
(See definition 1c)  
If a destructive device, complete item 4j

c. Caliber or Gauge  
(Specify one)

d. Model  
AR15

IF YOU ARE STARTING WITH A FIREARM  
PUT THE ORIGINAL FIREARM INFORMATION HERE

SUPPRESSOR, SBS, SBR, DD, AOW  
(YOU CANT MAKE A MACHINE GUN)

308 CAL

Length  
(Inches)

e. Of Barrel:  
10.5

f. Overall  
20

g. Serial Number  
ABC-1234

h. Additional Description (Include all numbers and other identifying data to include maker's name, city and state which will appear on the firearm)  
(use additional sheet if necessary)

ADDITIONAL ENGRAVINGS ON THE FIREARM

i. State Why You Intend To Make Firearm (Use additional sheet if necessary)

ANY LAWFUL PURPOSE

j. Type of destructive device (check one box): ☒ Firearm ☐ Explosives (if the Explosives box is checked, complete item 5 and see instruction 2l)

If an explosive type destructive device, identify the type of explosive(s):

k. Is this firearm being reactivated? ☐ Yes ☒ No (See definition 1k)

5. Applicant's Federal Firearms License (If any) or Explosives License or Permit Number

(Give complete 15-digit Number)

IF YOU HAVE AN FFL ( A TRUST WILL NOT AND THIS WILL BE BLANK

6. Special (Occupational) Tax Status (If applicable) (See definitions)

a. Employer Identification Number

b. Class

LEAVE BLANK FOR TRUST

LEAVE BLANK

**Under Penalties of Perjury, I Declare** that I have examined this application, including accompanying documents, and to the best of my knowledge and belief it is true, accurate and complete and the making and possession of the firearm described above would not constitute a violation of Title 18, U.S.C., Chapter 44, Title 26, U.S.C., Chapter 53; or any provisions of State or local law.

7. Signature of Applicant

Name or trustee

8. Name and Title of Authorized Official

TYPE YOUR NAME AS TRUSTEE

9. Date

07/13/2016

The space below is for the use of the Bureau of Alcohol, Tobacco, Firearms, and Explosives

By authority of the Director, Bureau of Alcohol, Tobacco, Firearms and Explosives, this application has been examined and the applicant's making and registration of the firearms described above is:

☐ Approved (With the following conditions, if any)

☐ Disapproved (For the following reasons)

Authorized ATF Official

Date

Previous Editions are Obsolete

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ATF E-Form 1 (5320.1)  
Revised May 2016

**MAKER'S CERTIFICATION** (not completed by a GOVERNMENT ENTITY)

**10. Law Enforcement Notification** (See instruction 2g)

Each applicant is to provide notification of the proposed making and possession of the firearm described on this Form 1 by providing a copy of the completed form to the chief law enforcement officer in the agency identified below:

Agency or Department Name

JACKSONVILLE SHERIFF'S OFFICE

Name and Title of Official

JOHN SMITH SHERIFF

Address (Street address or P.O. Box, City, State and Zip Code) to which sent (mailed or delivered))

501 E Bay St, Jacksonville, FL 32202

**Information for the Chief Law Enforcement Officer**

This form provides notification of the applicant's intent to make and register a National Firearms Act (NFA) firearm. No action on your part is required. However, should you have information that may disqualify this person from making or possessing a firearm, please contact the NFA Branch at (304) 616-4500 or NFA @atf.gov. A "Yes" answer to items 11.a through 11.h or 13.a or 13.b could disqualify a person from acquiring or possessing a firearm. Also, ATF will not approve an application if the making or possession of the firearm is in violation of State or local law.

**Maker's Questions** (complete only when the maker is an individual)

A maker who is an individual must complete this Section.

11. Answer questions 11.a. through 11.j. Answer questions 13 through 14 if applicable. For any "Yes" answer the applicant shall provide details on a separate sheet. (See instruction 7c and definitions)

	Yes	No	12. Photograph
a. Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year? (See definition 1n)			<p align="center">Affix Recent Photograph Here (Approximately 2" x 2") (See instruction 2e)</p>
b. Have you ever been convicted in any court for a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? (See definition 1n)			
c. Are you a fugitive from justice? (See definition 1t)			
d. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? <b>Warning: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside.</b>			
e. Have you ever been adjudicated as a mental defective <b>OR</b> have you ever been committed to a mental institution? (See definition 1o and 1p)			
f. Have you been discharged from the Armed Forces under <b>dishonorable</b> conditions?			
g. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such a partner? (See definition 1q)			
h. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? (See definition 1r)			

13a. Country of Citizenship: (Check/List more than one, if applicable. Nationals of the United States may check U.S.A.) (See definition 1s)

☐ United States of America ☐ Other Country/Countries (specify): \_\_\_\_\_

	Yes	No
b. Have you ever renounced your United States citizenship?		
c. Are you an alien illegally or unlawfully in the United States?		
d.1. Are you an alien who has been admitted to the United States under a nonimmigrant visa?		
d.2. If "yes", do you fall within any of the exceptions stated in the instructions? Attach the documentation to the application	<input type="checkbox"/> N/A	

14. If you are an alien, record your U.S.-Issued Alien or Admission number (AR#, USCIS#, or 194#): \_\_\_\_\_

**CERTIFICATION:** Under penalties imposed by 18 U.S.C. § 924 and 26 U.S.C. § 5861, I certify that, upon submission of this form to ATF, a completed copy of this form will be directed to the chief law enforcement officer (CLEO) shown in item 10, that the statements, as applicable, contained in this certification, and any attached documents in support thereof, are true and correct to the best of my knowledge and belief. NOTE: See instructions 2.d(2) and 2.d(3) for the items to be completed depending on the type of applicant.

None as trustee  
Signature of Maker

07/13/2016

Date

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15. Number of Responsible Persons (*see definitions*) associated with the applicant trust or legal entity

3

16. Provide the full name (printed or typed) below for each Responsible Person associated with the applicant trust or legal entity (if there are more Responsible Persons than can be listed on the form, attach a separate sheet listing the additional Responsible Person(s)). Please note that a completed Form 5320.23, National Firearms Act (NFA) Responsible Person Questionnaire, must be submitted with the Form 1 application for each Responsible Person.

Full Name

PERSON SIGNING THIS APPLICATION

Full Name

ADDITIONAL CO-TRUSTEE 1

ADDITIONAL CO-TRUSTEE 2

**17. Method of Payment** (*Check one*) (*See instruction 2h*) (*if paying by credit/debit card, complete the sections below*)

☒ Check (*Enclosed*)    ☐ Cashier's Check or Money Order (*Enclosed*)    ☐ Visa    ☐ Mastercard    ☐ American Express    ☐ Discover    ☐ Diners Club

Credit/Debit Card Number (*No dashes*)

Name as Printed on the Credit/Debit Card

Expiration Date (*Month & year*)

Credit/Debit Card  
Billing Address:

Address:

City:

State:

Zip Code:

Total Amount:  
\$

I Authorize ATF to Charge my Credit/Debit Card the Above Amount.

Signature of Cardholder

Date

Your credit/debit card will be charged the above stated amount upon receipt of your application. The charge will be reflected on your credit/debit card statement. In the event your application is NOT approved, the above amount will be credited to the credit/debit card noted above.

**Important Information for Currently Registered Firearms**

If you are the current registrant of the firearm described on this form, 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 3b, the executor should contact the NFA Branch, Bureau of ATF, 244 Needy Road, Martinsburg, WV 25405.

**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. ATF E-Form 5320.20 can be used to request this permission.

**Change of Description or Address:** The registrant shall notify the NFA Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25405, in writing, of any change to the description of the firearm in Item 4, or any change to the address of the registrant.

**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 from possessing a firearm, please contact the NFA Branch for procedures on how to dispose of the firearm.

**Proof of Registration:** A person possessing a firearm registered as required by the NFA shall retain proof of registration which shall be made available to any ATF officer upon request.

**Paperwork Reduction Act Notice**

This form is in accordance with the Paperwork Reduction Act of 1995. The information you provide is used to establish that the applicant's making and possession of the firearm would be in conformance with Federal, State, and local law. The data is used as proof of lawful registration of a firearm to the manufacturer. The furnishing of this information is mandatory (*26 U.S.C. § 5822*).

The estimated average burden associated with this collection of information is 4.0 hours per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestion for reducing this burden should be addressed to Reports Management Officer, Information Technology Coordination Staff, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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