

Application for Tax Paid Transfer and Registration of Firearm

ATF Control Number

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

1. Type of Transfer (Check one) <input type="checkbox"/> \$5 <input checked="" type="checkbox"/> \$200 Submit the appropriate tax payment with the application. The tax may be paid by credit or debit card, check, or money order. Please complete item 20. Upon approval of the application, we will affix and cancel the required National Firearms Act stamp. (See instructions 2b, 2i and 3)	2a. Transferee's Name and Address (Include trade name, if any) (See instruction 2d) LAST NAME TRUST 123 MAIN STREET JACKSONVILLE, FL 32217 <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> TRUST or LEGAL ENTITY	2b. County DUVAL
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3a. Transferor's Name and Address (Include trade name, if any) (Executors: see instruction 2k)

YOUR DEALER
555 MAIN STREET
JACKSONVILLE, FL 32217

3b. e-mail address (optional)

3c. Transferor's Telephone (Area Code and Number)
DEALER PHONE NUMBER

3d. If Applicable: Decedent's Name, Address, and Date of Death


3e. Number, Street, City, State and Zip Code of Residence (or Firearms Business Premises) If Different from Item 3a.

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.

4. Description of Firearm (Complete items a through h) (See instruction 2m)			d. Model MODEL OF THE NFA ITEM		
a. Name and Address of Maker, Manufacturer and/or Importer of Firearm NAME OF THE MANUFACTURE OF THE NFA ITEM ADDRESS OF THE MANUFACTURE CITY, STATE ZIP	b. Type of Firearm (See definitions) SUPPRESSOR, SBR, SBS, DD, AOW, OR MACHINE GUN	c. Caliber or Gauge 9MM	Length (Inches)	e. Of Barrel:	f. Overall: 5.00"
			g. Serial Number 123-456-78		
h. Additional Description or Data Appearing on Firearm (Attach additional sheet if necessary)					

5. Transferee's Federal Firearms License (If any) (Give complete 15-digit number) (See instruction 2c)				6. Transferee's Special (Occupational) Tax Status (If any)	
First 6 digits	2 digits	2 digits	5 digits	a. Employer Identification Number	b. Class
7. Transferor's Federal Firearms License (If any)				8. Transferor's Special (Occupational) Tax Status (If any)	
First 6 digits	2 digits	2 digits	5 digits	a. Employer Identification Number	b. Class
DEALER	XX	XX	XXXXX	FFL WILL COMPLETE	X

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 Title 18, United States Code; Chap 44; Title 26, United States Code; Chap 53; or any provisions of State or local law.

9. Signature of Transferor (Or authorized official) 	10. Name and Title of Authorized Official (Print or type) JOHN DEALER, MANAGER	11. Date XX/XX/XXXX
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The Space Below is for the use of the Bureau of Alcohol, Tobacco, Firearms and Explosives

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:

☐ Approved (With the following conditions, if any) ☐ Disapproved (For the following reasons)

Signature of Authorized ATF Official Date

Transferee Certification

12. Law Enforcement Notification (See instruction 2f)

The transferee is to provide notification of the proposed acquisition and possession of the firearm described on this Form 4 by providing a copy of the completed form to the chief law enforcement officer in the agency identified below:

Agency or Department Name

Name and Title of Official

JACKSONVILLE SHERIFFS OFFICE

JOHN OFFICER, SHERRIFF

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 transferee's intent to acquire and possess a National Firearms Act (NFA) firearm. No action on your part is required. However, should you have information that may disqualify this person from acquiring or possessing a firearm, please contact the NFA Branch at (304) 616-4500 or NFA @atf.gov. A "Yes" answer to items 14.a through 14.h or 16.a or 16.b could disqualify a person from acquiring or possessing a firearm. Also, ATF will not approve an application if the transfer or possession of the firearm is in violation of State or local law.

13. Transferee Necessity Statement (See instruction 2e)

I, FIRST NAME LAST NAME, have a reasonable necessity to possess the machinegun, short-barreled rifle, short-barreled shotgun, or destructive device described on this application for the following reason(s) ANY LAWFUL PURPOSE

(Name and Title of Transferee)

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).

Transferee Questions (Complete Only When Transferee is An Individual)

14. Answer questions 14.a through 14.h. Answer questions 16 through 17 if applicable. For any "Yes" answer the transferee shall provide details on a separate sheet. (See instruction 7b and definitions)

	Yes	No	
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 1m)			Photograph Affix Recent Photograph Here (Approximately 2" x 2") (See instruction 2g)
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 1m)			
c. Are you a fugitive from justice? (See definitions 1s)			
d. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? 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.			
e. Have you ever been adjudicated as a mental defective OR have you ever been committed to a mental institution? (See definitions 1n and 1o)			
f. Have you been discharged from the Armed Forces under dishonorable 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 partner? (See definition 1p)			
h. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? (See definition 1q)			
16a. Country of Citizenship (Check List more than one, if applicable. Nationals of the United States may check U.S.A.) (See definition 1r)			
<input type="checkbox"/> United States of America <input type="checkbox"/> 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
17. 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 12, 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 transferee.

First Last as trustee
Signature of Transferee

7/13/2016
Date

ATF Copy

18. Number of Responsible Persons (*see definitions*) associated with the transferee trust or legal entity _____

19. 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 4 application for each Responsible Person.

Full Name

PURCHASER

ADDITIONAL TRUSTEE

Full Name

ADDITIONAL TRUSTEE 2

20. **Method of Payment** (*Check one*) (*See instruction 2i*) (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:
\$ 200

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

Signature of Cardholder

Date

Your credit/debit card will be charged the above stated amount upon receipt of the 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 2a, the executor should contact the NFA Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25405.

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 25405, 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 25405, in writing, of any change to the description of the firearm(s) 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. ATF E-Form 5320.20 can be used to request this permission.

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 meets the clearance requirements of the Paperwork Reduction Act of 1995. The information you provide is used in applying to transfer serviceable firearms taxpaid. Data is used to identify transferor, transferee, and firearm, and to ensure legality for transfer under Federal, State and local laws. The furnishing of this information is mandatory (26 U.S.C. § 5812).

The estimated average burden associated with this collection of information is 3.78 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.

ATF Copy

ATF E-Form 4 (5320.4)
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