

The fallible pdf we have created will print 2 copies. Page 1 and 2 must be double sided. That is on a single sheet of paper. You must submit 2 copies of the application.

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 firearm described below.

2. Application is made by:

Individual Corporation or Other 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)

3c. If P.O. Box is Shown Above, Street Address Must Be Given Here

3d. County

3e. Telephone Area Code and Number

1. Type of Application (check one)

- a. Tax Paid. Submit your tax payment of \$200 with the application. The tax may be paid by credit or debit card, check, or money order. Please complete item 17. Upon approval of the application, we will affix and cancel the required National Firearms Act Stamp. (See instructions 2c and 3)
- b. Tax Exempt because firearm is being made on behalf of the United States, or any department, independent establishment, or agency thereof.
- c. Tax Exempt because firearm is being made by or on behalf of any State or possession of the United States, or any political subdivision thereof, or any official police organization of such a government entity engaged in criminal investigations.

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

a. Name and Location of Original Manufacturer of Firearm (Receiver) (If prototype, furnish plans and specifications)	b. Type of Firearm to be made (See instruction 1c)	c. Caliber or Gauge (Specify one)	d. Model		
			Length (Inches)	e. Of Barrel:	f. Overall:
g. Serial Number					

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)

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

j. Is this firearm being reactivated? Yes No (See Definition 1k)

5. Applicant's Federal Firearms License (If any)

6. Special (Occupational) Tax Status (If applicable) (See definition 1f)

(Give complete 15-digit Number)

IN MOST CASES 5 AND 6 WILL BE BLANK
AND PRIOR TO 7/13/16 NO FINGERPRINT CARDS WILL
BE REQUIRED FOR TRUSTS

b. Class
duplicate, FBI Form FD-258.
knowledge and belief it is
Title 18, U.S.C., Chapter 53,

Important: All individual applicant fingerprint Card.

Under Penalties of Perjury, I Declare that this information is true, accurate and complete and the making and possession of the firearm described above would not constitute a violation of Chapter 44, Title 18, U.S.C., Chapter 53, or any provisions of State or local law.

7. Signature of Applicant

8. Name and Title of Authorized Official

9. Date

YOUR SIGNATURE AS TRUSTEE

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 firearm described above is:

Approved (With the following conditions, if any)

Disapproved (For the following reasons)

Authorized ATF Official

Date

10. Law Enforcement Certification (See instruction 2g)

I certify that I am the chief law enforcement officer of the organization named below having jurisdiction in the area of residence of _____ (Name of maker)

I have no information that the maker will use the firearm or device described on this application for other than lawful purposes. I have no information that Possession of the firearm described in Item 4 on the front of this form would place the maker in Violation of State or Local Law.

(Signature of Chief Law Enforcement

gency name)

(Street address, city, State and zip code

(Telephone Number)

(Date)

By (if delegated authority to sign for t

(Signature)

gency name)

(Street address, city, State and zip code

(Telephone Number)

(Date)

Maker's Certification

A maker who is an individual must complete this Section.

11. Answer questions 11.a. through 11.j. Answer questions 13 through 16 if applicable. For any YES answer (other than for 11.i.), the applicant shall provide details on a separate sheet. (See instructions 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?			<div style="border: 2px solid red; padding: 10px; text-align: center;"> <p>NOT REQUIRED FOR TRUST PRIOR TO 7/13/2016</p> </div>
b. Have you ever been convicted in any court for a felony, or any other crime, for which the judge could imprison you for than one year, even if you received a shorter sentence including probation?			
c. Are you a fugitive from justice?			
d. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance?			
e. Have you ever been adjudicated mentally defective (which includes a determination by a court, board, commission, or other lawful authority that you are a danger to yourself or others or are incompetent to manage your own affairs) OR have you ever been committed to a mental institution?			
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?			
h. Have you ever been convicted in any court of a misdemeanor crime of domestic violence?			
i. Are you a United States citizen?			
j. Have you ever renounced your United States citizenship?			

If you answered "NO" to question 11.i., please answer questions 13, 14, 15 and 16.

13. Answer questions 13.a. through 13.b. and 14 by checking or marking "Yes or "No" or "NA" in the boxes to the right of the questions.

	Yes	No
a. Ar		
b. Ar		
14. If		
2.		
15. W		
16. If		

IF YOU ARE A US CITIZEN

13 - 16 WILL BE BLANK

CERTIFICATION: Under penalties imposed by 26 U.S.C. 5861, I certify that the statements contained in this Certification, and any attached documents in support thereof, are true and correct to the best of my knowledge and belief.

SIGNATURE OF TRUSTEE AS TRUSTEE

Signature of Maker

Date

See guntrustlawyer.com/form1 for instructions

17. Method of Payment (Check one) (See instruction 2h)

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:

Please Complete to Ensure Payment is Credited to the Correct Application:

I am Paying the making Tax for the Applicant:

INCLUDE NAME ON CARD FOR PAYMENT TO TRUST

Total Amount: \$

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

CARD HOLDERS SIGNATURE

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 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 3, 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.

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 firearms 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.

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See guntrustlawyer.com/form1 for instructions

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.

Privacy Act Information

- 1. Authority. Solicitation of this information is made pursuant to the National Firearms Act (26 U.S.C. §§ 5821 and 5822). Disclosure of this information by the applicant is mandatory for any person (other than a manufacturer qualified under the National Firearms Act) making a firearm as defined in the National Firearms Act.
- 2. Purpose. To verify payment of the tax imposed by 26 U.S.C. § 5821; to determine that the making would not be in violation of law; and to effect registration of the firearm.
- 3. Routine Uses. The information will be used by ATF to make the determinations set forth in paragraph 2. In addition, to effect registration of the firearm, information as to the identification of the firearm, date of registration, and the identification and address of person entitled to possess the firearm will be entered into the National Firearms Registration and Transfer Record. No information obtained from an application, registration, or records required to be submitted by a natural person in order to comply with any provision of the National Firearms Act or regulations issued thereunder, shall, except in connection with prosecution or other action for furnishing false information, be used, directly or indirectly, as evidence against that person in any criminal proceeding with respect to a violation of law occurring prior to or concurrently with the filing of the application. The information from this application may only be disclosed to Federal authorities for purpose of prosecution for violation of the National Firearms Act.
- 4. Effects of not Supplying Information Requested. Failure to supply complete information will delay processing and may cause denial of the application.