

# Application for Tax Paid Transfer and Registration of Firearm

<b>ATF Control Number</b>	<b>Submit in Duplicate to:</b> <b>National Firearms Act Branch</b> <b>Bureau of Alcohol, Tobacco, Firearms and Explosives, P.O. Box 530298</b> <b>Atlanta, GA 30353-0298</b>
2a. Transferee's Name and Address <i>(Including tradename, if any) (See instruction 2)</i>	
2b. County	
3a. Transferor's Name and Address <i>(Including trade name, if any) (Executors: see instruction 2k)</i>	
3b. Transferor's Telephone Number and Area Code	1. Type of Transfer <i>(Check one)</i> <input type="checkbox"/> \$5 <input 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>
3c. If Applicable: Decedent's Name, Address, and Date of Death	3d. Number, Street, City, State and Zip Code of Residence <i>(or Firearms Business Premises)</i> 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 <i>(Complete items a through h)</i>			d. Model		
a. Name and Address of Manufacturer and/or Importer of Firearm	b. Type of Firearm <i>(See instruction 1c)</i>	c. Caliber, Gauge or Size <i>(Specify)</i>	Length <i>(Inches)</i>	e. Of Barrel:	f. Overall:
				g. Serial Number	

h. Additional Description or Data Appearing on Firearm *(Attach additional sheet if necessary)*

5. Transferee's Federal Firearms License <i>(If any)</i> <i>(Give complete 15-digit number) (See instruction 2b)</i>	6. Transferee's Special (Occupational) Tax Status <i>(If any)</i>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">First 6 digits</td> <td style="width: 25%;">2 digits</td> <td style="width: 25%;">2 digits</td> <td style="width: 25%;">5 digits</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	First 6 digits	2 digits	2 digits	5 digits					a. Employer Identification Number	b. Class
First 6 digits	2 digits	2 digits	5 digits							
7. Transferor's Federal Firearms License <i>(If any)</i> <i>(Give complete 15-digit number) (See instruction 2b)</i>	8. Transferor's Special (Occupational) Tax Status <i>(If any)</i>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">First 6 digits</td> <td style="width: 25%;">2 digits</td> <td style="width: 25%;">2 digits</td> <td style="width: 25%;">5 digits</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	First 6 digits	2 digits	2 digits	5 digits					a. Employer Identification Number	b. Class
First 6 digits	2 digits	2 digits	5 digits							

**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>	11. Name and Title of Authorized Official <i>(Print or type)</i>	12. Date
---	---	----------

**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:	Stamp Denomination
--	--------------------

<input type="checkbox"/> Approved <i>(with the following conditions, if any)</i>	<input type="checkbox"/> Disapproved <i>(For the following reasons)</i>
--	---

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?			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?		
b. A <b>fugitive</b> from justice?			b. Been discharged from the armed forces under <b>dishonorable</b> conditions?		
c. An alien who is <b>illegally</b> or unlawfully in the United States?			c. Been adjudicated mentally defective or been committed to a mental institution?		
d. Under 21 years of age?			d. Renounced your United States citizenship?		
e. An unlawful user of or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance?			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.		
f. Subject to a court order restraining you from harassing, stalking or threatening an intimate partner or child of such partner?					

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

I, \_\_\_\_\_, 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) \_\_\_\_\_  
 \_\_\_\_\_  
 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.  
 \_\_\_\_\_  
*(Signature of Transferee)* \_\_\_\_\_ *(Date)*

**16. Photograph**

Affix  
Recent Photograph Here  
*(Approximately 2" x 2")*  
*(See instruction 2f.)*

**17. Law Enforcement Certification** (See instruction 2e)

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 Transferee)*  
 I have no information indicating that the transferee will use the firearm or device described on this application for other than lawful purposes. I have no information that the receipt or possession of the firearm or device described in item 4 would be place the transferee in violation of State or local law.  
 \_\_\_\_\_  
*(Signature and Title of Chief Law Enforcement Officer)* \_\_\_\_\_ *(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.