

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
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>										
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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
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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:

	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
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