**U.S. Department of Justice**Bureau of Alcohol, Tobacco, Firearms and Explosives

## Application for Tax Paid Transfer and Registration of Firearm

ATF Control Number									Submit in Duplicate to:				
a. Transferee's Name and Address (Including tradename, if any) (See instruction 2)								National Firearms Act Branch Bureau of Alcohol, Tobacco, Firearms and Explosives, P.O. Box 530298 Atlanta, GA 30353-0298					
								1. 7	ype of Trans	fer (	Check one)		
2b. County									\$5	\$5 \$200			
								Submit with your application a choor money order for the appropriate					
3a. Transferor's Name a	ransferor's Telephone Number and rea Code				amount made payable to the Bure Alcohol, Tobacco, Firearms and Explosives. Upon approval of thi application, this office will acquir affix and cancel the required "National Firearms Act" stamp for you. (See instructions 2h, 2i and								
Bc. If Applicable: Dece						3d. Number, Street, City, State and Zip Code of Residence (or Firearms Business Premises) if Different							
								f	rom Item 3a.				
The above-named and u	ndersigned transfe	ror hereby makes	application or recu	ired	hy Section	5812 of the Me	ations	Fire	arms Act to	trance	er and register the		
firearm described below			application as requ	neu	by Section	3812 Of the 182	шопа	riic	arilis Act to	u ansı	er and register the		
4. Description of Firearm (Complete items a through h) d.									Model				
a. Name and Address	of Manufacturer	and/or Importer	b. Type of Firear		-)	c. Caliber,							
of Firearm (See instru			(See instruction	n 10		Gauge or Size (Specify)	(Inc	gth hes)	e. Of Barr	el:	f. Overall:		
h. Additional Descripti	on or Data Appea	aring on Firearm	(Attach additional	shee	t if necesso	ury)							
5. Transferee's Federal	Firearms License	(If any)		6.	Transfere	e's Special (Occu	patio	ional) Tax Status (If any)					
(Give complete 15-digit		struction 2b)		a.	a. Employer Identification Num				b. Class				
First 6 digits	2 digits	2 digits	5 digits										
7. Transferor's Federal	Firageme License	(If any)		8.	Transfero	r's Special (Occu	natio	T (len	av Status (	f any	)		
(Give complete 15-digit		astruction 2b)		a.			ntification Numb			, any	/		
First 6 digits	2 digits	2 digits	5 digits										
Under Penalties of Perjury, firearm to the transferee and Code; or Title VII of the Om	receipt and possession	of it by the transferee	are not prohibited by the	he pr	ovisions of C	hapter 44, Title 18,							
<ol> <li>Consent to Disclosure to this Application</li> </ol>			instruction 8). I	Do	or Do Not	t (Circle one) Au	uthori	ze AT	F to Provide	Infor	mation Relating		
to this Application to the Above-Named Transferee.  10. Signature of Transferor (or authorized official)					11. Name and Title of Authorized (Print or type)				Official 12. Date				
	The Con-	e Below is for the	use of the Down		Alaahal T	obosos Finosee	0 0 0	Feet	locivos				
By authority of the Direction Described herein and the	ector, This Applic	ation has been Exa	mined, and the Tra	ansf	er and Reg	istration of the F		To	tamp Denom	inatio	on		
Approved (with th	e following condi	tions, if any)			Disappr	oved (For the fo	ollowi	ng re	asons)				
Signature of Authorized	ATF Official									Da	ate		
										ATT	1/5220 1		

	ransf	eree I	Information			
The following questions must be answered by any transferee who details on a separate sheet for all "YES" answers. (See instruction	is not 2d)	a Fed	deral firearms licensee or government agency. The transfere	e shall giv	e full	
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?		1	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		1	
b. A fugitive from justice?	sentence?					
c. An alien who is illegally or unlawfully in the United States?	b. Been discharged from the armed forces under dishonorable conditions?	ed forces under dishonorable				
d. Under 21 years of age?  e. An unlawful user of or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance?		1	c. Been adjudicated mentally defective or been committed to a mental institution?  d. Renounced your United States citizenship?	ed	1	
f. Subject to a court order restraining you from harassing, stalking or threatening an intimate partner or child of such partner?	Been convicted in any court of a misdemeanor crime of domestic violence? This includes any misdemeanor convict involving the use or attempted use of physical force commit by a current or former spouse, parent, or guardian of the vior by a person with a similar relationship with the victim.	a misdemeanor crime of es any misdemeanor conviction use of physical force committed parent, or guardian of the victim,				
15. Transferee's Certification (Se	ee insi	truction	on 2e) 16. Photograph			
All lawful purposes  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)						
			(Date)			
I certify that I am the chief law enforcement officer of the organization (Name of Transferee)  described on this application for other than lawful purposes. I have would be place the transferee in violation of State or local law.	ation 1	have	below having jurisdiction in the area of residence of no information indicating that the transferee will use the firea-			
(Signature and Title of Chief Law Enforcement	(Da	(Date)				
(Orgo	anizati	on and	nd Street Address)			
(County)			(Telephone Number)			
(County)			Trespective Hamber			

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.

ATF Form 4 (5320.4)