

Application to Make and Register a Firearm

(Submit in duplicate. See Instructions attached.)

ATF Control Number

To: National Firearms Act Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25401

The undersigned hereby makes application, as required by Sections 5821 and 5822 of the National Firearms Act, Title 26 U.S.C., Chapter 53, to make and register the firearm described below.

<p>2. Application is made by:</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> Corporation or other Business Entity <input type="checkbox"/> Government Entity</p>	<p>3a. Trade Name (if any)</p>	<p>1. Type of Application (<i>check one</i>)</p> <p><input type="checkbox"/> a. Tax Paid. Submit with your application a check or money order for \$200 made payable to the Department of the Justice. Upon approval of the application, this office will acquire, affix, and cancel the required "National Firearms Act" stamp for you.</p> <p><input type="checkbox"/> b. Tax Exempt because firearm is being made on behalf of the United States, or any department, independent establishment, or agency thereof.</p> <p><input type="checkbox"/> 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.</p>
<p>3b. Applicant's Name and Mailing Address</p>		
<p>3c. If P.O. Box is Shown Above, Street Address Must Be Given Here</p>		
<p>3d. County</p>	<p>3e. Telephone Area Code and Number</p>	

Important: Complete the reverse side. Individuals (*Including Federally Licensed Collectors*) must also submit, in duplicate, FBI Form FD-258, Fingerprint Card.

<p>4. Description of Firearm (<i>complete items a through i</i>)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>a. Name and Location of Original Manufacturer of Firearm (<i>Receiver</i>) (<i>if prototype, furnish plans and specifications</i>) (<i>See instruction 2h</i>)</p> </td> <td style="width: 17%; vertical-align: top;"> <p>b. Type of Firearm to be made (<i>See Instruction 1c</i>)</p> </td> <td style="width: 50%; vertical-align: top;"> <p>c. Caliber, Gauge or Size (<i>Specify</i>)</p> </td> </tr> <tr> <td></td> <td></td> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Length (inches)</td> <td style="width: 25%;">e. Of Barrel:</td> <td style="width: 50%;">f. Overall:</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> </td> </tr> <tr> <td colspan="3" style="vertical-align: top;"> <p>g. Serial Number (<i>See instruction 2h.</i>)</p> </td> </tr> </table>			<p>a. Name and Location of Original Manufacturer of Firearm (<i>Receiver</i>) (<i>if prototype, furnish plans and specifications</i>) (<i>See instruction 2h</i>)</p>	<p>b. Type of Firearm to be made (<i>See Instruction 1c</i>)</p>	<p>c. Caliber, Gauge or Size (<i>Specify</i>)</p>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Length (inches)</td> <td style="width: 25%;">e. Of Barrel:</td> <td style="width: 50%;">f. Overall:</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Length (inches)	e. Of Barrel:	f. Overall:				<p>g. Serial Number (<i>See instruction 2h.</i>)</p>			<p>d. Model</p>		
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<p>h. Additional Description (<i>Include all numbers and other identifying data which will appear on the firearm</i>)</p>	<p>i. State Why You Intend to Make Firearm (<i>Use additional sheet if necessary</i>)</p>
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<p>5. Applicant's Federal Firearms License (<i>If any</i>) (<i>Give complete 15-digit Number</i>)</p>	<p>6. Special (Occupational) Tax Status</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>a. Employer Identification Number (<i>if applicable</i>)</p> </td> <td style="width: 50%; vertical-align: top;"> <p>b. Class</p> </td> </tr> </table>		<p>a. Employer Identification Number (<i>if applicable</i>)</p>	<p>b. Class</p>
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Important: Give full details on separate sheet for all "Yes" answers in items 7 and 8

7. Are You:	Yes	No	8. Have You:	Yes	No
a. Charged by information or under indictment in any court for a crime for which the judge could imprison you for more than one year. An information is a formal accusation of a crime made by a prosecuting attorney.	<input type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input type="checkbox"/>
b. A fugitive from justice?	<input type="checkbox"/>	<input type="checkbox"/>	b. Been discharged from the armed forces under dishonorable conditions?	<input type="checkbox"/>	<input type="checkbox"/>
c. An alien who is illegally in the United States?	<input type="checkbox"/>	<input type="checkbox"/>	c. Been adjudicated mentally defective or been committed to a mental institution?	<input type="checkbox"/>	<input type="checkbox"/>
d. Under 21 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	d. Renounced your United States citizenship?	<input type="checkbox"/>	<input type="checkbox"/>
e. An unlawful user of or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.	<input type="checkbox"/>	<input type="checkbox"/>	e. Been convicted in any court of a misdemeanor crime of domestic violence? (<i>see instruction 1m</i>)	<input type="checkbox"/>	<input type="checkbox"/>
f. Subject to a court order restraining you from harassing, stalking or threatening an intimate partner or child of such partner? (<i>see Instruction 7c</i>)	<input type="checkbox"/>	<input type="checkbox"/>			

Under Penalties of Perjury, I Declare that I have examined this application, including accompanying documents, and to the best of my knowledge and belief it 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, Title 26, U.S.C., or any provisions of State or local law.

9. Signature of Applicant	10. Name and Title of Authorized Official of Firm or Corporation (<i>if applicable</i>)	11. 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, 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:

<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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Authorized ATF Official	Date
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Additional Requirements

12. Photograph

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

13. Law Enforcement Certification (*See important note below*)

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 indicating 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 and Title of Chief Law Enforcement Officer - see IMPORTANT note below*)

By (*See important note below*)

(*Signature and Title of Delegated Person*)

(*Organization*)

(*Street Address*)

(*City, State, and ZIP Code*)

(*Date*)

Important: The chief law enforcement officer is considered to be the Chief of Police for the maker's city or town of residence, the Sheriff for the maker's county of residence; the Head of the State Police for the maker's State of residence; a State or local district attorney or prosecutor having jurisdiction in the maker's area of residence; or another person whose certification is acceptable to the Director, Bureau of Alcohol, Tobacco and Firearms and Explosives. If someone has specific delegated authority to sign on behalf of the Chief of Police, Sheriff, etc., this fact must be noted by printing the Chief's, Sheriff's, or other authorized official's name and title, followed by the word "by" and the full signature and title of the delegated person. Item 13 must be completed for an individual maker. The certification must be dated no more than one year prior to the date of receipt of the application.