

Transferee Certification

/DZ (QIRUFHPHQ (See instruction 2))WLRQ

7KH WUDQVIHUHH LV WR SURYLGH QRWL;FDWLRQ RI WKH SURSRVHG DFTXLVLWLRQ DQG SRVVHV FKLHI ODZ HQIRUFHPHQW RvFHU LQ WKH DJHQF\ LGHQWL;HG EHORZ

Agency or Department Name

1DPH DQG 7LWOH RI 2vFLDO

Address 6WUHHW DGGUHV RU 3 2 %R[&LW\ 6WDWH DQG =, 3 &RGH to which sent (mailed or delivered)

Information for the Chief Law Enforcement Officer

7KLV IRUP SURYLGHV QRWL;FDWLRQ RI WKH WUDQVIHUHH\ LQWHQW WR DFTXLUH DQG SRVVHV \RX KDYH LQIRUPDWLRQ WKDW PD\ GLVFXDOL\ WKLV SHUVRQ\$ULYD\ LQWHQW LQ RU SRVVHV\ #DD

13. Transferee Necessity Statement (See instruction 2e)

, _____ KDYH D UHDVRQDEOH QHFHVVLW\ WR SRVVHV WKH _____ (Name and Title of Transferee)

short-barreled shotgun, or destructive device described on this application for the following reason(s) _____

DQG P\ SRVVHVLRQ RI WKH GHYLFH RU ZHDSRQ ZRXOG EH FRQVLVWHQW ZLWK SXEOLF VDIHV

Transferee Questions &RPSOHWH RQ\ ZKHQ WUDQVIHUHH LV DQ LQGLYLGXDQ

14. Answer questions 14.a. through 14.m. Answer questions 16, 17, 18, 19 and 20, if applicable. For any "Yes" answer the transferee shall provide details on a separate sheet. 6HH LQVWUXFWLRQ E DQG GH;QLWLRQV

Table with 3 columns: Question, Yes, No. Contains questions 14.a through 14.m regarding exceptions to the prohibition on possession of firearms.

Affix a 2" x 2" Photograph here. No Stapling. Tape Sides of Photo to the Application. 1. Photo must have been taken within the last year. 2. Photo must have been taken in full face view without a hat or head covering that obscures the hair or hairline. 3. On back of photograph print full name, last 4 of SSN.

18. Social Security Number (See instruction 2h)

Date of Birth:

19a. Ethnicity [] Hispanic or Latino [] Not Hispanic or Latino 19b. Race [] American Indian or Alaska Native [] Black or African American [] White [] Asian [] 1DWLYH +DZDLLDQ RU 2WKHU 3D

20a. Country of Citizenship: &KHFN /LVW PRUH WKD QVLRQ DLOV \$SOLFH BQHWHG 6WDWHV PD\ FKHFN 8 6 \$ 6 [] 8QLWHG 6WDWHV RI \$ [] Other Country/Countries 6SHFL\

20b. State of Birth _____ 20c. Country of Birth _____

CERTIFICATION: Under penalties imposed by 18 U.S.C. § 924 and 26 U.S.C. § 5861, I certify that, upon submission of this form to ATF, a completed copy of this form will be directed to the chief law enforcement officer (CLEO) shown in item 12, that the statements, as applicable, contained in this certification, and any attached documents in support thereof, are true and correct to the best of my knowledge and belief. NOTE: See instructions 2.d(2) and 2.d(3) for the items to be completed depending on the type of transferee.

Signature of Transferee _____ Date _____

21. Number of Responsible Persons Also Completed With the transferee trust or legal entity _____

22. Provide the full name of each Responsible Person associated with the applicant trust or legal entity. Please note that a completed Form 5320-23, National Firearms Act (NFA) Responsible Person Questionnaire, must be submitted with the Form 4 application for each Responsible Person.

Full Name	Full Name
_____	_____
_____	_____
_____	_____

23. Method of Payment (Check one) (See instruction 2j), 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:

Tax Amount: \$ _____

I authorize ATF to charge my credit/debit card the tax amount.

Signature of Cardholder _____ Date _____

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

, I \RX DUH WKH FXUUHQW UHJLVWUDQW RI WKH ¿UHDUP GHVFULEHG RQ WKLW IRUP SOHDVH QRW

Estate Procedures:)RU SURFHGXUHV UHJDUGLQJ WKH WUDQVIHU RI ¿UHDUPV LQ DQ HVWDWH UHGXOWLQJ IURP the NFA Division, National Service Center, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25405.

Change of Address: 8QOHVV FXUUHQW \ OLFHQVHG XQGHU WKH *XQ & RQWURO \$FW WKH UHJLVWUDQW VKDOO file with ATF and Explosives, 244 Needy Road, Martinsburg, WV 25405, in writing, of any change to the address in item 2a.

Change of Description: The registrant shall notify the NFA Division, National Service Center, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25405, in writing, of any change to the description of the firearm(s) listed on this form.

Interstate Movement: ,I WKH ¿UHDUP LGH QDWXUH GHUHQWHU, UHJLVWUDQW RI WKH ¿UHDUP GHVFULEHG RQ WKLW IRUP SOHDVH QRW file with ATF for a change of ownership, if the firearm is to be transported to another state.

Restrictions on Possession: Any restriction VHH DSSURYDO EORFFN WKH ¿UHDUP LGH QDWXUH GHUHQWHU, UHJLVWUDQW RI WKH ¿UHDUP GHVFULEHG RQ WKLW IRUP SOHDVH QRW file with ATF for a change of ownership, if the firearm is to be transported to another state.

Persons Prohibited from Possessing Firearms: ,I WKH UHJLVWUDQW EHFRRPHV SURKLELWHG IURP SRVVHVVLQJ D ¿UHDUP GHVFULEHG RQ WKLW IRUP SOHDVH QRW file with ATF for a change of ownership, if the firearm is to be transported to another state.

Proof of Registration: \$ SHUVRQ SRVVHVVLQJ D ¿UHDUP UHJLVWHUHG DV UHTXLUH E\ WKH 1) \$ VKDOO UHWDLQ

Paperwork Reduction Act Notice

7KLV IRUP PHHWV WKH FOHDUDQFH UH\$XWURPHQWV7KH W L Q HR 3 UPS HWLZRQ NR5HX6XFWLGRQ LV XVHG LQ DSSO\ LQJ WR
WLI\ WUDQVIHURU WUDQVIHUHH DQG ; UHDUP DQG WR HQVXUH OHJDOLW\ IRU WUDQVIHU XQGHU)HGHUDO 6V

The estimated average burden associated with this collection of information is 3.78 hours per respondent or recordkeeper, depending on individual circumstances. Comments concerning the
RI WKLV EXUGHQ HVWLPDWH DQG VXJJHVWLWLRQ IRU UHGXF LQJ W R L R U P D W L R Q V I R U W K H F O H D U D Q F H U H \$ X W U R P H Q W V 7 K H W L Q H R 3 U P S H W L Z R Q N R 5 H X 6 X F W L G R Q L V X V H G L Q D S S O \ L Q J W R

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

7KH IROORZLQJ LQIRUPDWLRQ LV SURYL\$FHC ISIXUVXDQW6 W R 6 HFWLWLRQ RI WKH 3ULYDF\

- 1. Authority. 6ROLFLWDWLRQ RI WKLV LQIRUPDWLRQ\$EW PDGH 6S&UYXDQW WLR FVDORH XIDW IRR QV DCL YL LUGHURU
PDQGDWRU\ IRU WUDQVIHU RI DQ 1)\$; UHDUP XQOHVV WKH WUDQVIHU LV RWKHUZLVH H[HPSW
2. Purpose. 7R HQVXUH SD\PHQW RI WKH WD[LPSRVHG E\ 8 6 & † WR HQVXUH WKDW WKH WUD
3. Routine Uses. 7KH LQIRUPDWLRQ ZLOO EH XVHG E\ \$7) WR PDNH WKH GHWHUPLQDWLRQV VHW IRUWK
DV WR WKH LGHQWL;FDWLRQ RI WKH ; UHDUP GDWH RI UHJLVWUDWLRQ DQG WKH LGHQWL;FD
Firearms Registration and Transfer Record. No information obtained from an application, registration, or records required to be submitted by an individual in order
comply with any provision of the National Firearms Act or regulation issued thereunder, shall, except in connection with prosecution or other action for furnishing
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 concurr
ZLWK WKH ; OLQJ RI WKH DSSOLFDWLRQ 7KH LQIRUPDWLRQ IURP WKLV DSSOLFDWLRQ PD\ RQO
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.

Definitions/Instructions

- 1. Definitions
a. National Firearms Act (NFA). 7LWOH 8QLWHG 6WDWHV &RGH &KDSWHU 7KH
implementing regulations are found in Title 27, Code of Federal Regulations,
Part 479.
b. Gun Control Act (GCA). 7LWOH 8QLWHG 6WDWHV &RGH &KDSWHU
The implementing regulations are found in Title 27, Code of Federal
Regulations, Part 478.
c. Firearm. 7KH WHUP ; UHDUP´ PHDQV D VKRWIJXAFKDLR QD R FDUURO R IRISOR\HH RI WKH %XUH
EDUUHOV RI OHVV WKDQ LQFKHV LQ OHQJWK Firearm s azc Eps Bvcs (ATF) authorized to perform any function
LI VXFK ZHDSRQ DV PRGL;HG KDV DQ RYHUDOreatdnt theadrihisation of theNFA LQFKHV RU
D EDUUHO RU EDUUHOV RI OHVV WKDQ LQFKHV LQ OHQJWK D ULÄH KDYLQJ D EDUUHO
RU EDUUHOV RI OHVV WKDQ LQFKHV LQ OHQJWK Transfer. Selling, leasing, gifting, or otherwise disposing of a
LI VXFK ZHDSRQ DV PRGL;HG KDV DQ RYHUDO RYHCHUNZL RH GHVSRWKDQ RI DQ FKHDFU
D EDUUHO RU EDUUHOV RI OHVV WKDQ LQFKHV LQ OHQJWK DQ\ RWKHU
ZHDSRQ DV GH;QHG LQ 8 6 & † H B. Transfer. A K K QS SHUVRQ V H O D L Q J R U R W K H U Z L V H
RU VLOHQFHU IRU DQ ; UHDUP ZKHWKHU RU R L V R O X F L Q H D S P O L V Q L Q W F X V G H I C Q V I H U D ; U H D U
ZLWKLQ WKLV GH;QLWLRQ DQG D GHVWUXFWLYH GHYLFH
I. Transferee. 7KH SHUVRQ DFTXLULQJ WKH ; UHDUP
d. Person. A partnership, company, association, trust, corporation, including
HDFK UHVSQRVLEOH SHUVRQ DVVRFLDWHG ZLWV Prohibited Person. H Q H W D O O O H V W B W H † R U D Q S U R K
individual. WUDQVSRUWDWLRQ UHFHLSW RU SRVVHVVL
Section A. RI D ; UHDUP E\ RQH ZKR KDV EHHQ FRQYLFW
e. Responsible Person. In the case of an unlicensed entity, including any
trust, partnership, association, company (including any Limited Liability
Company (LLC)), or corporation, any individual who possesses, directly or
indirectly, the power or authority to direct the management and policies of
the trust or entity to receive, possess, ship, transport, deliver, transfer or
RWKHUZLVH GLVSRVH RI D ; UHDUP IRU RU RQ GRPHVWLF YLROHQFH KDV EHHQ FRQYLFWHG
punishable by imprisonment for a term exceeding one year does not
LQFOXGH 6WDWH PLVGHPHDQRUV SXQLVKDEO
less) LV D IXJLVWLYH IURP MXVWLFH LV DQ XQ
marijuana or any depressant, stimulant, or narcotic drug, or any other
ER R D W I R D I O H G K M X E V X D Q D R H U G B V D E H H Q W L G M X G
E H I F R P P L W D F H G M D O V L W D X W E H R Q G K I D U R V S C P H G
Section B.) R U F H V X Q G H U G L V K R Q R U D E O H F R Q G L W L R Q V
Trust: Those persons with the power or authority to direct the management
and policies of the trust includes any person who has the capability to
exercise such power and possesses, directly or indirectly, the power or
authority under any trust instrument, or under State law, to receive,
SRVVHVVL VKLS WUDQVSRUW GHOLYHU WUDQV by one who is under the jurisdiction of a Federal, P
for, or on behalf of the trust. Examples of who may be considered a
responsible person include settlors/grantors, trustees, partners, members,
R V F H U V G L U H F W R U V E R D U G P H P E H U V R U R Z Q Y H W L ; S G H E D S S O U R R H E Z K W R D \
EH H[FOXGHG IURP WKLV GH;QLWLRQ RI UHVSQRVLEOH SHUVRQ LV WKH EHQH;FLDU\
RI D WUXVW LI WKH EHQH;FLDU\ GRHV QRW KDYH WKH FDSDELOLW\ WR H[HUFLVH WKH
enumerated powers or authorities.

IMPORTANT NOTE: The business structure of the licensee shall be described consistently. For example, if the transferor is a sole proprietor, item 3a shall be completed as follows: UHÀHFV WKH)/ LQIRUPDWLRQ IRU WKH VROH SURSULHV UHÀHFV WKH)/ QXPEHU IRU WKDW VROH SURSULHV. If the special tax is paid as a corporation, then it is not valid for the transaction. Similarly, a corporation name shown in item 3a with the FFL number and EIN of a sole proprietor will not be valid for the transaction.

d. Completion of Form

- (1) The transferor shall provide the transferee's full legal name to include middle and last name as shown on the identification document. The name shall be maintained for a trust or legal entity. In the case of two or more locations for a legal entity, the address shown shall be the principal place of business.
- (2) If the transferee is an individual, the entire Form 4 shall be completed except for item 20 and his or her photos (see instruction 2g).
- (3) If the transferee is other than an individual, e.g., a trust or legal entity such as a corporation, the transferee shall not complete items 14, 15, 16, 17, 18, 19 and 20. All other items must be completed including the signing of the Transferee Requirements.
- (4) Documentation of entity existence:
 - (a) If the transferee is other than an individual, the transferee must attach documentation evidencing the existence and validity of the entity, which includes complete and unredacted copies of partnership agreements, articles of incorporation, corporate registration, declarations of trust with any trust schedules, attachments, exhibits, and enclosures.
 - (b) If the transferee entity has had an application approved as a maker or transferee within the preceding 24 months of the date of the purchase, the information has not been changed since the prior approval and shall identify the application for which the documentation had been submitted by form number, serial number, and date approved.
- (5) If the transferee is other than an individual, each responsible person of the transferee shall complete ATF Form 5320.23, National Firearms Act (NFA) Responsible Person Questionnaire, with the submitted Form 4.

NOTE: Each Responsible Person of an entity licensed under the Gun Control Act (GCA) that does not pay the Special (Occupational) Tax (SOT) must submit ATF Form 5320.23 with the application as instructed in the above paragraph 27CFR 479.63 (b)(2)(ii).

e. Transferee Necessity Statement

Item 13 must be completed by the transferee if: WKH ÷ UHDUP WR EH WUDQVHUUHG LV D PDFK QDWDUHQH VWRUJXQ RU GHVWUXFWLRQ

WKH WUDQVHURU LV OLFHQVHG XQGHU WKH GCA. (a) If the transferee is a trust, partnership, corporation, or other legal entity, the transferor shall identify the entity by name, state, and address. (b) If the transferee is an individual, the transferor shall identify the individual by name, state, and address. (c) If the transferee is a trust, partnership, corporation, or other legal entity, the transferor shall identify the entity by name, state, and address. (d) If the transferee is an individual, the transferor shall identify the individual by name, state, and address.

- (3) the transferee is not licensed under the GCA to deal in such device or activity.

f. Law Enforcement Notification. The transferee must provide a copy of the Form 4 (5320.4) to the State Police, or a State or local district attorney or prosecutor.

(a) If the transferee is a trust, partnership, corporation, or other legal entity, the transferor shall identify the entity by name, state, and address. (b) If the transferee is an individual, the transferor shall identify the individual by name, state, and address. (c) If the transferee is a trust, partnership, corporation, or other legal entity, the transferor shall identify the entity by name, state, and address. (d) If the transferee is an individual, the transferor shall identify the individual by name, state, and address.

over the area of the transferee's address shown in item 2a of the Form 4. In addition, if the transferee is other than an individual, a copy of the Form 4 must be provided to the State Police, or a State or local district attorney or prosecutor.

- g. Photographs and Fingerprints. An individual transferee, except if licensed as a manufacturer, importer, or dealer under the GCA, must (1) attach to item 15 of the ATF Form 4, except for the CLEO copy a 2 inch x 2 inch photograph of the frontal view of the transferee taken within 90 days of the date of the application and (2) submit two properly completed FBI Form FD-258 (1) LQJHUSULQW & DWHZLWK (2) WUDQVHUUHG IRU WKH VROH SURSULHV.
- h. Social Security and UPIN. The transferee shall complete the NICS background check. Please be aware that refusal to provide this information may result in a delay in the NICS background check process.
- i. Signatures. All signatures required on ATF Form 4 must be original in ink on both copies. Exceptions: In the case of e-forms or where a variance has been granted a Digital/Electronic signature may be used.
- (3) if the transferee is a trust or legal entity, a responsible person of the trust or legal entity shall complete item 19 of the form. The transferee shall provide the name, state, and address of the responsible person of the trust or legal entity.
- k. Photocopies, Computer Generated Versions, or Downloaded Versions. The form may be copied or downloaded. The form does not have to be turned in.
- m. Submission. The transferor shall submit 2 forms (ATF Copy 1 and Copy 2 (Registrant)) to the NFA Division at the address on the face of the form. All items on the form are to be completed except as noted in the instructions and any attachment included with the submission. The applicant shall direct the copy of the Form 4 to the State Police, or a State or local district attorney or prosecutor.
- n. Description of Firearm and Markings. (1) Item 4a. please provide the name and address of the maker, manufacturer or importer of the firearm. (2) Item 4b. The transferee shall provide the name, state, and address of the transferee. (3) Item 4c. The transferee shall provide the name, state, and address of the transferee. (4) Item 4d. show the model designation of the firearm. (5) Item 4e. and 4f. specify the barrel and overall lengths as applicable. If there are additional barrel and overall lengths associated with the firearm, provide the information.

ZLWK WKH GHVFULSWLRQ RI WKH ¿UHDUP LQFOXGH WKLW LQIRUPDWLRQ LQ LWHP K RU on a separate sheet of paper. (6) Item 4g. enter the serial number of WKH ¿UHDUP DV LW DSSHUV RQ WKH ¿UHDUP ,I WKHUH DUH GL¿HUHQFHV EHWZHHQ WKH GHVFULSWLRQ RI WKH ¿UHDUP RQ WKH IRUP LQ FRPSDULVRQ WR WKH SK\VLFD GHVFULSWLRQ RI WKH ¿UHDUP RU LQ WKH PDUNLQJV RQ WKH ¿UHDUP including the serial number, contact the NFA Division in regard to these GL¿HUHQFHV

- o. State or Local Permit. If a State or local permit or license is required IRU WKH WUDQVIHUHH SULRU WR DFTXLVLWLRQ RI WKH ¿UHDUP D FRS\ RI WKH SHUPLW must be included with the application. If the transferee is a trust or legal entity, when the State of residence for any responsible person requires a State or local permit or license, a copy of the permit or license must be submitted with Form 5320.23, National Firearms Act (NFA) Responsible Person Questionnaire.
3. Approval of Application. 8SRQ DSSURYDO RI DQ DSSOLFDWLRQ WKH 1)\$ 'LYLVLRQ ZLOO UHWXUQ WKH DSSURYHG FRS\ WR WKH WUDQVIHURU IRU GHOLYHU\ ZLWK WKH ¿UHDUP WR WKH WUDQVIHUHH 6LQFH WKH DSSURYDO RI WKH DSSOLFDWLRQ H¿FWXDWHV UHJLVWUDWLRQ RI ¿UHDUP WR WKH WUDQVIHUHH WKH SK\VLFD WUDQVIHU RI WKH ¿UHDUP PXVW FRPSOHWHG LPPHGLDWHO\ KRZHYHU WKH WUDQVIHURU PXVW QRW WUDQVIHU WKH ¿UHDUP until the application has been approved and received. If the physical transfer RI WKH ¿UHDUP FDQQRW EH FRPSOHWHG LPPHGLDWHO\ WKH WUDQVIHURU PXVW FRQWDFW WKH 1)\$ 'LYLVLRQ ZLWK WKH VSHFL¿FV
4. Withdrawal of Application. The application may be withdrawn prior to approval by the submission of a signed, written request to the Chief, NFA Division either by mail to 244 Needy Road, Martinsburg, WV 25405 or by emailing a signed copy to QID@DWDWI.JRY
5. Cancellation of Approved Application. The transferor may cancel an approved DSSOLFDWLRQ RQ\ LI WKH SK\VLFD WUDQVIHU RI WKH ¿UHDUP KDV QRW EHHQ FRPSOHWHG 7KH WUDQVIHURU PXVW UHWXUQ WKH DSSURYHG DSSOLFDWLRQ ZLWK WKH RULJLQDO WDW\ VWDPV DV\HG with a written request for cancellation, citing the need and that the physical transfer RI WKH ¿UHDUP GLG QRW WDNH SODFH 7KH UHTXHVW VKDOO EH GLUHFHWG WR WKH &KLHI 1)\$ Division, 244 Needy Road, Martinsburg, WV. 25405. The NFA Division will arrange for a refund of the tax paid.
6. Disapproval of Application. If the application is disapproved, the NFA Division will note the reason for disapproval on the application and return one copy of the ATF Form 4 to the transferor.
7. Reasons for Disapproval. 8 6 & † SURYLGHV WKDW DSSOLFDWLRQV VKDOO EH GHQLHG LI WKH WUDQVIHU UHFHLSW RU SRVVHVLRQ RI WKH ¿UHDUP ZRXOG SODFH WKH WUDQVIHU in violation of law.

 - a. Violation of Law. Applications shall be denied if the receipt or possession RI WKH ¿UHDUP ZRXOG SODFH WKH SHUVRQ UHFHLYLQJ RU SRVVHVLRQJ WKH ¿UHDUP LQ violation of law.
 - b. Persons Prohibited from Receiving a Firearm. The application will be GLVDSSURYHG LI WKH WUDQVIHUHH LV D SHUVRQ SURKLELWHG IURP UHFHLYLQJ D ¿UHDUP)RU LQIRUPDWLRQ UHJDUGLQJ SHUVRQV SURKLELWHG IURP UHFHLYLQJ D ¿UHDUP UHIHU WR GH¿QLWLRQV P WKURXJK U
8. **Status Inquiries and Questions.** ,QIRUPDWLRQ UHODWLQJ WR WKH 1)\$DQG RWKHU ¿UHDUPV laws is available at the ATF Internet website www.atf.gov. Any inquiry relating to WKH VWDWXV RI DQ DQ¿UHDUP RQ W\SRFH¿UHDUP LQ JHQHUDO should be directed to the NFA Division at (304) 616-4500 or emailed to QID@DWDWI.JRY. Please be aware that any dissemination by ATF of information relating WR WKH DSSOLFDWLRQ WR UHJLVWHU DQ 1)\$ ¿UHDUP PXVW FRQIRUP ZLWK WKH UHVWULFWLRQV LQ 8 6 & †
9. Penalties. Any person who violates or fails to comply with any of the UHTXLUPHQWV WKDW DUH RQ FR¿QLFWLRQ EH ¿QHG QRW PRUH WKDQ RU EH LPSULVRQHG IRU QRW PRUH WKDQ \HDUV RU ERWK \$Q\ ¿UHDUP LQYROYHG LQ a violation of the NFA shall be subject to seizure and forfeiture. It is unlawful for any person to make or cause the making of a false entry on any application or record required by the NFA knowing such entry to be false.
10. Compliance with the Gun Control Act. Persons must also comply with all relevant portions of the GCA.

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: National Firearms Act Division
Bureau of Alcohol, Tobacco, Firearms and Explosives, P.O. Box 5015, Portland, OR 97208-5015

1. Type of Transfer (Check one) <input type="checkbox"/> \$5 <input type="checkbox"/> \$200 Submit the appropriate tax payment with the application. The tax may be paid by credit or debit card, check, or money R U G H U F R O P S O H W H I R 8 S R Q D S S U R Y D O the application, we will affix and cancel the required National Firearms Act stamp. 6 H L Q V W U X F W L R Q Q V	2a. Transferee's Full Legal Name and Address (Include trade name, if any) (See instruction 2d) <input type="checkbox"/> Corporation <input type="checkbox"/> Other Legal Entity <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Trust 2b. County/Parish
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3a. Transferor's Full Legal Name and Address (Exclude trade name, if any) (Executors: see instruction 2l)	3b. E-mail address	3c. Transferor's Telephone (Area code and number) 3d. If Applicable: Decedent's Name, Address, and Date of Death 3e. Number, Street, City, State and ZIP Code of Residence L I G L U H U H Q W I U R P , W H P D
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7KH DERYH QDPHG DQG XQGHUVLJQH G WUDQVIHURU KHUHE\ PDNHV\$ DWSORFWDWRQIDV D QGXWHJLQV below to the transferee.

4. Description of Firearm & RPSOHWH LWHPV D WKURXJK K 6HH LQVWUXFWLRQ					
a. Name and Address of Maker Manufacturer and/or Importer of Firearm	b. Type of Firearm 6HH GH¿ Qd. Caliber or Gauge		e. Barrel Length:	f. Overall Length:	g. Serial Number

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

5. Transferee's Federal Firearms License (if any) or Explosives License or Permit Number *LYH FRPSOHWH GLJLW QXPEHU 6HH LQVWUXFWLRQ First 6 digits 2 digits 2 digits 5 digits	6. Transferee's Special (Occupational) Tax Status (If any) D (PSOR\HU , GHQWL¿ FD DWSR Q 1XPEHU
7. Transferor's Federal Firearms License (if any) First 6 digits 2 digits 2 digits 5 digits	8. Transferor's Special (Occupational) Tax Status (If any) D (PSOR\HU , GHQWL¿ FD DWSR Q 1XPEHU

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 firearm described herein is legal under the laws of the United States and the laws of the State of Oregon.

9. Signature of Transferor 2U DXWKRULJHG RýFLDO	1DPH DQG 7LWOH RI \$XWKRULJHG RýFLDO
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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 and the Interstate Movement of that Firearm, When Applicable, to the Transferee are:

<input type="checkbox"/> Approved :LWK WKH IROORZLQJ FRQGLWLRQV	<input type="checkbox"/> Disapproved)RU WKH IROORZLQJ UHDFRQV
-----------------------------------------------------------------	----------------------------------------------------------------

6LJQDWXUH RI \$XWKRULJHG \$7) 2vFLDO Date

Transferee Certification

/DZ (QIRUFHPHQW RvFHU LQ WKH DJHQF\ LGHQWL\HG EHORZ

7KH WUDQVIHUHH LV WR SURYLGH QRWL\ FDWLRQ RI WKH SURSRVHG DFTXLVLWLRQ DQG SRVVHV FKLHI ODZ HQIRUFHPHQW RvFHU LQ WKH DJHQF\ LGHQWL\HG EHORZ

Agency or Department Name 1DPH DQG 7LWOH RI 2vFLDO

Address 6WUHHW DGGUHV RU 3 2 %R[&LW\ 6WDWH DQG =, 3 &RGH to which sent (mailed or delivered)

Information for the Chief Law Enforcement Officer

7KLV IRUP SURYLGHV QRWL\ FDWLRQ RI WKH WUDQVIHUHH\ LQWHQW WR DFTXLUH DQG SRVVHV \RX KDYH LQIRUPDWLRQ WKDW PD\ GLVWXDOL\ WKLV SHUVRQ\ ULYE\DLRQ DWLQJ RU SRVVHV\ Q#DD

13. Transferee Necessity Statement (See instruction 2e)

(Name and Title of Transferee) KDYH D UHDVRQDEOH QHFHVVLW\ WR SRVVHV WKH

short-barreled shotgun, or destructive device described on this application for the following reason(s)

DQG P\ SRVVHVLRQ RI WKH GHYLFH RU ZHDSRQ ZRXOG EH FRQVLVWHQW ZLWK SXEOLF VDIHV

Transferee Questions & RPSOHWH RQO\ ZKHQ WUDQVIHUHH LV DQ LQGLYLGXDQ

14. Answer questions 14.a. through 14.m. Answer questions 16, 17, 18, 19 and 20, if applicable. For any "Yes" answer the transferee shall provide details on a separate sheet. 6HH LQVWUXFWLRQ E DQG GH\QLWLRQV

Table with 3 columns: Question, Yes, No. Contains questions 14.c through 14.m regarding criminal history, mental health, and domestic violence.

Affix a 2" x 2" Photograph here. No Stapling. Tape Sides of Photo to the Application. 1. Photo must have been taken within the last year. 2. Photo must have been taken in full face view without a hat or head covering that obscures the hair or hairline. 3. On back of photograph print full name, last 4 of SSN.

(3FN)\(See instruction 2d) Yes [] No []

Date of Birth: []

19a. Ethnicity [] Hispanic or Latino [] Not Hispanic or Latino 19b. Race [] American Indian or Alaska Native [] Black or African American [] White [] Asian

20a. Country of Citizenship: & KHFN /LVW PRUH WKDQ RQH LI DSSOLFDEOH 1DWLRQDOV RI WKH 8QLWHG 6W 8QLWHG 6WDWHV RI [] Other Country/Countries 6SHFL\

20b. State of Birth _____ 20c. Country of Birth _____

CERTIFICATION: Under penalties imposed by 18 U.S.C. § 924 and 26 U.S.C. § 5861, I certify that, upon submission of this form to ATF, a completed copy of this form will be directed to the chief law enforcement officer (CLEO) shown in item 12, that the statements, as applicable, contained in this certification, and any attached documents in support thereof, are true and correct to the best of my knowledge and belief. NOTE: See instructions 2.d(2) and 2.d(3) for the items to be completed depending on the type of transferee.

Signature of Transferee _____ Date _____

21. Number of Responsible Persons VHH GAD CLEW TR DE/ _____
Responsible Person or transferee trust or legal entity

22. Provide the full name SUL QWH GBL W for each Responsible Person associated with the applicant trust or legal entity KHUH DUH PRUH 5HVSRO FDQ EH OLVWHG RQ WKH IRUP DWWDFK DVHSDUD. Please note that a completed Form 5320.23, National Firearms Act (NFA) Responsible Person Questionnaire, must be submitted with the Form 4 application for each Responsible Person.

Full Name _____ Full Name _____



Important Information for Currently Registered Firearms

, I \RX DUH WKH FXUUHQW UHJLVWUDQW RI WKH ¿UHDUP GHVFULEHG RQ WKLV IRUP SOHDVH QRW

Estate Procedures:)RU SURFHGXUHV UHJDUGLQJ WKH WUDQVIHU RI ¿UHDUPV LQ DQ HVWDWH UHVXOWLQJ IURP
Division, National Service Center, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25405.

Change of Address: 8QOHVV FXUUHQWOLFHQVHG XQGHU WKH *XQ &RQWURO \$FW WKH UHJLVWUDQW VKDOO
and Explosives, 244 Needy Road, Martinsburg, WV 25405, in writing, of any change to the address in item 2a.

Change of Description: The registrant shall notify the NFA Division, National Service Center, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25405, in writing, of any change to the description of the firearm.
:9 LQ ZULWLQJ RI DQ\ FKDQJH (S)R WKH GHVFULSWLRQ RI WKH ¿UHDUP

Interstate Movement: , I WKH ¿UHDUP LGHQWLYHG DV A Firearm, Shotgun, Rifle, Short-Barreled Shotgun, or destructive device, the registrant may be required by 18 U.S.C. § 922(a)(1) to register the firearm in the State of the transferee.
8 6 & † D WR REWDLQ SHUPLVLRQ IURP \$7) SULRU WR DQ\ WUDQVSRUWDWLRQ LQ LQWHUJUDYDO

Restrictions on Possession: Any restriction VHH DSSURYDO EORFN WKH SRVHHVVLQJ RI WKH ¿UHDUP LGHQWL¿HG LQ LWHP

Persons Prohibited from Possessing Firearms: , I WKH UHJLVWUDQW EHFRRPHV SURKLELWHG IURP SRVHHVVLQJ D ¿UHDUP S

Proof of Registration: \$ SHUVRQ SRVHHVVLQJ D ¿UHDUP UHJLVWHUHG DV UHTXLUHG E\ WKH 1)\$ VKDOO UHWDLQ

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: National Firearms Act Division
Bureau of Alcohol, Tobacco, Firearms and Explosives, P.O. Box 5015, Portland, OR 97208-5015

1. Type of Transfer (Check one) <input type="checkbox"/> \$5 <input type="checkbox"/> \$200 Submit the appropriate tax payment with the application. The tax may be paid by credit or debit card, check, or money order. If you are transferring a firearm to a minor, we will affix and cancel the required National Firearms Act stamp.	2a. Transferee's Full Legal Name and Address (Include trade name, if any) (See instruction 2d) <input type="checkbox"/> Corporation <input type="checkbox"/> Other Legal Entity <input type="checkbox"/> Individual <input type="checkbox"/> Trust 2b. County/Parish
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3a. Transferor's Full Legal Name and Address (Exclude trade name, if any) (Executors: see instruction 2l)	3b. E-mail address	3c. Transferor's Telephone (Area code and number) 3d. If Applicable: Decedent's Name, Address, and Date of Death 3e. Number, Street, City, State and ZIP Code of Residence
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7KH DERYH QDPHG DQG XQGHUVLJQH G WUDQVIHURU KHUHE\ PDNHV\$DWSORFDWLDQOIBV DGCXWHHIGV
below to the transferee.

4. Description of Firearm & RPSOHWH LWHPV D WKURXJK K 6HH LQVWUXFWLRQ					
a. Name and Address of Maker Manufacturer and/or Importer of Firearm	b. Type of Firearm	c. Gauge	e. Barrel Length:	f. Overall Length:	

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

5. Transferee's Federal Firearms License (if any) or Explosives License or Permit Number				6. Transferee's Special (Occupational) Tax Status (If any)	
*LYH FRPSOHWH	GLJLW	QXPEHU	6HH LQVWUXFWLRQ	FD	DASR Q 1XPEHU
First 6 digits	2 digits	2 digits	5 digits		
7. Transferor's Federal Firearms License (if any)				8. Transferor's Special (Occupational) Tax Status (If any)	
First 6 digits	2 digits	2 digits	5 digits	D	(PSOR\HU , GHQWL ; FD DASR Q 1XPEHU

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 transferor is the owner of the firearm.
RI WKH GHVFULEHG ; UHDUP WR WKH WUDQVIHUHH DQG UHFHLSW DQGLSFRPHLWVLRQDSDVEHUVKHV
7LWOH 8QLWHG 6WDWHV &RGH &KDSWHU RU DQ\ SURYLVRQV RI 6WDWH RU ORFDO ODZ

9. Signature of Transferor	1DPH DQG 7LWOH RI \$XULQRU LPH QLS FLDO
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Transferee Certification

/DZ (QIRUFHPHQW) (See instruction 2) WLRQ

7KH WUDQVIHUHH LV WR SURYLGH QRWL; FDWLRQ RI WKH SURSRVHG DFTXLVLWLRQ DQG SRVVHV FKLHI ODZ HQIRUFHPHQW RvFHU LQ WKH DJHQF\ LGHQWL; HG EHORZ

Agency or Department Name

1DPH DQG 7LWOH RI 2vFLDO

Address 6WUHHW DGGUHV RU 3 2 %R[&LW\ 6WDWH DQG =, 3 &RGH to which sent (mailed or delivered))

Information for the Chief Law Enforcement Officer

7KLV IRUP SURYLGHV QRWL; FDWLRQ RI WKH WUDQVIHUHH\ V LQWHQW WR DFTXLUH DQG SRVVHV \RX KDYH LQIRUPDWLRQ WKDW PD\ GLVWXDOL\ WKLV SHUVRQ \$ULYH V LQIRUPDWLRQ RU SRVVHV\ Q#DD

13. Transferee Necessity Statement (See instruction 2e)

(Name and Title of Transferee) KDYH D UHDVRQDEOH QHFHVVLW\ WR SRVVHV WKH

short-barreled shotgun, or destructive device described on this application for the following reason(s)

DQG P\ SRVVHVLRQ RI WKH GHYLFH RU ZHDSRQ ZRXOG EH FRQVLVWHQW ZLWK SXEOLF VDIHW

Transferee Questions &RPSOHWH RQO\ ZKHQ WUDQVIHUHH LV DQ LQGLYLGXDO

14. Answer questions 14.a. through 14.m. Answer questions 16, 17, 18, 19 and 20, if applicable. For any "Yes" answer the transferee shall provide details on a separate sheet. 6HH LQVWUXFWLRQ E DQG GH; QLWLRQV

Table with 3 columns: Question, Yes, No. Contains questions 14.c through 14.m regarding criminal history, mental health, and domestic violence.

m.2. If "yes", do you fall within any of the exceptions stated in the instructions? Attach the documentation to the application

+DYH \RX EHHQ LVVXH D 8QLTXH (3PH) (See instruction 20) Yes No

Date of Birth: [Redacted]

19a. Ethnicity [] Hispanic or Latino [] Not Hispanic or Latino 19b. Race [] American Indian or Alaska Native [] Black or African American [] White [] Asian

20a. Country of Citizenship: &KHFN /LVW PRUH WKDQ RQH LI DSSOLFDEOH 1DWLRQDOV RI WKH 8QLWHG 6W 8QLWHG 6WDWHV RI [] Other Country/Countries 6SHFL\

20b. State of Birth

20c. Country of Birth

CERTIFICATION: Under penalties imposed by 18 U.S.C. § 924 and 26 U.S.C. § 5861, I certify that, upon submission of this form to ATF, a completed copy of this form will be directed to the chief law enforcement officer (CLEO) shown in item 12, that the statements, as applicable, contained in this certification, and any attached documents in support thereof, are true and correct to the best of my knowledge and belief. NOTE: See instructions 2.d(2) and 2.d(3) for the items to be completed depending on the type of transferee.

Signature of Transferee

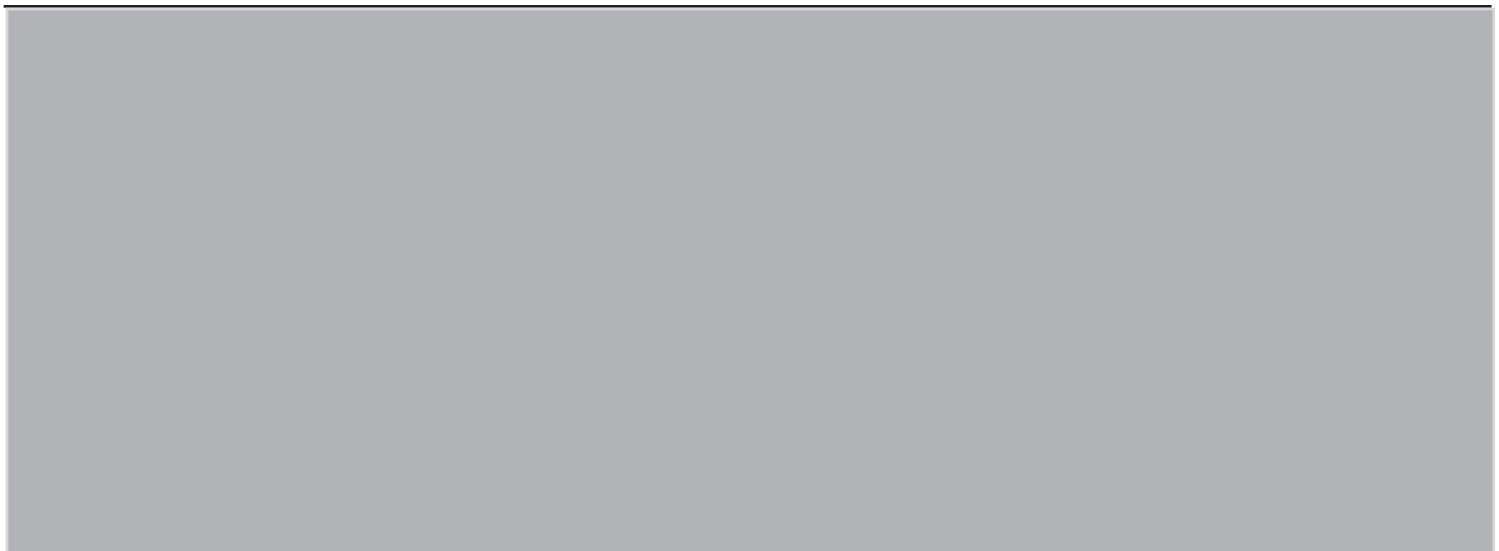
Date

21. Number of Responsible Persons Also Called With or Transferee trust or legal entity

22. Provide the full name of each Responsible Person associated with the applicant trust or legal entity. Please note that a completed Form 5320-23, National Firearms Act (NFA) Responsible Person Questionnaire, must be submitted with the Form 4 application for each Responsible Person.

Full Name

Full Name



Important Information for Currently Registered Firearms

, I \RX DUH WKH FXUUHQW UHJLVWUDQW RI WKH ¿UHDUP GHVFULEHG RQ WKLV IRUP SOHDVH QRW

Estate Procedures:)RU SURFHGXUHV UHJDUGLQJ WKH WUDQVIHU RI ¿UHDUPV LQ DQ HVWDWH UHVXOWLQJ IURP
Division, National Service Center, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25405.

Change of Address: 8QOHVV FXUUHQWOLFHQVHG XQGHU WKH *XQ &RQWURO \$FW WKH UHJLVWUDQW VKDOO
and Explosives, 244 Needy Road, Martinsburg, WV 25405, in writing, of any change to the address in item 2a.

Change of Description: The registrant shall notify the NFA Division, National Service Center, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25405, in writing, of any change to the description in item 4.
:9 LQ ZULWLQJ RI DQ\ FKDQJH WKH GHVFULSWLRQ RI WKH ¿UHDUP

Interstate Movement: , I WKH ¿UHDUP LGHQWLYHG DV A Firearm, Shotgun, or destructive device, the registrant may be required by 18 U.S.C. § 922(a)(2) to file a report with the NFA Division, National Service Center, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25405, in writing, of any interstate movement of the firearm.
8 6 & † D WR REWDLQ SHUPLVLRQ IURP \$7) SULRU WR DQ\ WUDQVSRUWDWLRQ LQ LQWHUWHUWH

Restrictions on Possession: Any restriction VHH DSSURYDO EORFN WKH ¿UHDUP LGHQWL¿HG LQ LWHP

Persons Prohibited from Possessing Firearms: , I WKH UHJLVWUDQW EHFRRPHV SURKLELWHG IURP SRVVHVLRQ D ¿UHDUP WKH ¿UHDUP

Proof of Registration: \$ SHUVRQ SRVVHVLRQ D ¿UHDUP UHJLVWHUHG DV UHTXLUHG E\ WKH 1)\$ VKDOO UHWDLQ