

Application for Tax Exempt Transfer and Registration of Firearm

ATF Control Number	Internal Control Number
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Submit in duplicate to: National Firearms Act Division
National Service Center, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25405

<p>1. Type of Transfer: Tax Exempt I believe that I am entitled to exemption from the payment of the Transfer Tax Imposed by section 5811 (26 U.S.C. Chapter 53) on the Firearm described herein for the following reason (See Instruction 2.B)</p> <p><input type="checkbox"/> Firearm is unserviceable and is being transferred as a curio or ornament</p> <p><input type="checkbox"/> Firearm is being transferred to or from a Government Entity</p> <p><input checked="" type="checkbox"/> Firearm is being transferred to a lawful heir or by operation of law</p> <p><input type="checkbox"/> Other (Specify) _____</p>	<p>2a. Transferee's Full Legal Name and Full Address (Include trade name, if any) (See instruction 2.K)</p> <p>MIKE SMITH GUN TRUST 123 FAKE ST BOONVILLE, MISSOURI, 65233</p> <p><input type="checkbox"/> Other Legal Entity <input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Individual <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Government Entity</p> <p>2b. County/Parish COOPER</p> <p>3a. If Applicable: Decedent's Name, Address, and Date of Death DECEDENT'S NAME, ADDRESS - DOB</p>
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3b. Transferor's Name and Full Address (Include trade name, if any) (Executors: see instruction 2.K)

EXECUTOR/EXECUTRIX NAME, ADDRESS

3c. Transferor's Telephone (area code and number) 660-555-5555	3d. E-Mail address EXECUTOR@EMAIL.COM	3e. Number, Street, City, State and ZIP Code of Residence (Or firearms business premises) If Different from Item 3a. FIREARM'S ADDRESS (if different than box 3a) or OTHER LOCATION ADDRESS
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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 (Complete items a through i) (See instruction 2.N)			d. Model		
a. Name and Full Address of Maker, Manufacturer and/or Importer of Firearm MISSOURI GUN MANUFACTURER 879 FAKE ST, BOONVILLE, MISSOURI 65233	b. Type of Firearm (See definitions 1.C) SHORT-BARRELED RIFLE	c. Caliber or Gauge 9MM	SBR-MODEL		
			Length (Inches)	e. Barrel: 10.5	f. Overall: 26
			g. Serial Number SBR-MO-123		

h. Additional Description or Data Appearing on Firearm (Attach additional sheet if necessary)	i. Has the Firearm been Rendered Unserviceable as Defined in Definition 1.M? (If "Yes", describe the method by which the firearm has been rendered unserviceable. Use additional sheets.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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5. Applicant's Federal Firearms License (if any) or Explosives License or Permit Number (Give complete 15-digit number) (See instruction 2.C)				6. Transferee's Special (Occupational) Tax Status (If any)	
First 6 digits	2 digits	2 digits	5 digits	a. Employer Identification Number	b. Class

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	a. Employer Identification Number	b. Class

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 Title 18, United States Code, Chap 44; Title 26, United States Code Chap 53; or any provisions of State or local law.

9. Signature of Transferor (Or authorized official) <i>Joe Smith, Executor</i>	10. Name and Title of Authorized Official (Print or type) JOE SMITH, EXECUTOR	11. Date 02/21/2024
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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:

<input type="checkbox"/> Approved (With the following conditions, if any)	<input type="checkbox"/> Disapproved (For the following reasons)
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Signature of Authorized ATF Official	Date
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TRANSFEREE CERTIFICATION (not completed by a Government Entity)

12. Law Enforcement Notification (See instruction 2.F)

The transferee is to provide notification of the proposed acquisition and possession of the firearm described on this Form 5 by providing a copy of the completed form to the Chief Law Enforcement Officer in the agency identified below:

COOPER COUNTY SHERIFF'S OFFICE

JOE SMITH, SHERIFF

Agency or Department Name

Name and Title of Official

423 FAKE ST, BOONVILLE, MISSOURI 65233

Full Address (Street address or P.O. Box, City, State and ZIP Code) to Which Sent (Mailed or delivered)

Information for the Chief Law Enforcement Officer

This form provides notification of the transferee's intent to acquire and possess a National Firearms Act (NFA) firearm. No action on your part is required. However, should you have information that may disqualify this person from acquiring or possessing a firearm, please contact the NFA Division at (304) 616-4500 or NFA@atf.gov.

13. Transferee Necessity Statement (Do not complete if the transferee is a government agency) (See instruction 2.E)

I, MIKE SMITH GUN TRUST, have a reasonable necessity to possess the machinegun, short-barreled rifle, short-barreled shotgun, or destructive device described on this application for the following reason(s) INVESTMENT & ALL OTHER 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).

Transferee Questions (complete only when transferee is an individual)

14. Answer questions 14.a. through 14.m. Answer questions 16-20, if applicable. For any "Yes" answer the transferee shall provide details on a separate sheet. (See instruction 7.B and definitions)

Table with 3 columns: Question, Yes, No. Rows include questions a through m.2. Includes a large grey box for photo instructions: '15. Photograph. 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 Social Security Number (SSN).'

16. If you are an alien, record your U.S.-Issued Alien or Admission number (AR#, USCIS#, or I94#):

17. Have you been issued a Unique Personal Identification Number (UPIN)? (See instructions 2.H) Yes No If yes, please provide

18. Social Security Number: (SSN) (See Instructions 2.H) 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 Native Hawaiian or Other Pacific Islander

20a. Country of Citizenship: (Check/List more than one, if applicable. Nationals of the United States may check U.S.A.) (See definition 1.S) United States of America Other Country/Countries (Specify):

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.

Mike Smith, Trustee

Signature of Transferee

02/21/2024

Date

21. Number of Responsible Persons (*See definitions*) associated with the transferee trust or legal entity TWO

22. Provide the full name (printed or typed) below for each Responsible Person associated with the applicant trust or legal entity (if there are more Responsible Persons than can be listed on the form, attach a separate sheet listing the additional Responsible Person(s)). Please note that a completed Form 5320.23, National Firearms Act (NFA) Responsible Person Questionnaire, must be submitted with the Form 5 application for each Responsible Person.

Full Name

Full Name

MIKE SMITH

OTHER CO-TRUSTEES FULL NAME (IF APPLICABLE)

Important Information for Currently Registered Firearms

If you are the current registrant of the firearm described on this form, please note the following information. Please email NFAFAX@ATF.GOV or call 304-616-4500 for assistance with any of the actions within this section.

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 Division, National Service Center, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25405 or contact via email at NFAFAX@ATF.GOV or call 304-616-4500 for additional assistance.

Change of Address: Unless currently licensed under the Gun Control Act, 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 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) 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. ATF Form 5320.20 can be used to request this permission.

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 from possessing a firearm, please contact the NFA Division for procedures on how to dispose of the firearm.

Proof of Registration: A person possessing a firearm registered as required by the NFA shall retain proof of registration which shall be made available to any ATF Officer upon request.