

U.S. Department of Justice

Bureau of Alcohol, Tobacco, Firearms and Explosives

Application to Make and Register a Firearm

ATF Control Number

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

(Submit in duplicate. Please do not staple documents. See instructions attached.)

As required by Sections 5821 (b), 5822, and 5841 of the National Firearms Act, Title 26 U.S.C., Chapter 53, the undersigned hereby submits application to make and register the firearm described below.		1. Type of Application (check one)	
2. Application is made by: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Individual		3a. Trade name (If any)	
<input type="checkbox"/> Other Legal Entity <input type="checkbox"/> Trust <input type="checkbox"/> Government Entity			
3b. Applicant's Full Legal Name and Mailing Address (Type or print below) (See instruction 2d)			
MIKE SMITH 123 FAKE ST BOONVILLE, MISSOURI 65203		3d. County/Parish COOPER	
		3e. Telephone Number 660-555-5555	
		3f. E-mail address MIKESMITH@EMAIL.COM	
3c. If P.O. Box is shown above, street address must be given here		<input checked="" type="checkbox"/> a. Tax Paid. Submit your tax payment of \$200 with the application. The tax may be paid by credit or debit card, check, or money order. Please complete item 17. Upon approval of the application, we will affix and cancel the required National Firearms Act Stamp. (See instruction 2c and 3)	
4. Description of Firearm (complete items a through k) (See instruction 2j)		<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.	
a. Name and Address of Original Manufacturer and/or Importer of Firearm (If any)		<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.	
MISSOURI GUN MANUFACTURER 879 FAKE ST BOONVILLE, MISSOURI 65203		b. Type of Firearm to be made (See definition 2k) If a destructive device, complete item 4j Short-Barreled Rifle	
		c. Caliber or Gauge (Specify one) 9MM	
		d. Model (As marked on firearm) SBR-MODEL	
		e. Barrel length: 10.5	
		f. Overall length: 26	
		g. Serial Number SBR-MO-123	
h. Additional Description (Indicate required maker's markings to include maker's name (as registered), city and state as each will appear on firearm)		i. Specify Why You Intend To Make Firearm (Use additional sheet if necessary) Investment and All Other Lawful Purposes	
j. Type of destructive device (check one box): <input type="checkbox"/> Firearm <input type="checkbox"/> Explosives (If the Explosives box is checked, complete item 5 and see instruction 2m) If an explosive type destructive device, identify the type of explosive(s): _____			
k. Is this firearm being reactivated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See definition 1k)			
5. Applicant's Federal Firearms License (If any) or Explosives License or Permit Number (Give complete 15-digit Number)		6. Special (Occupational) Tax Status (if applicable) (See definitions)	
		a. Employer Identification Number	
		b. Class	

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 Title 18, U.S.C., Chapter 44, Title 26, U.S.C., Chapter 53; or any provisions of State or local law.

7. Signature of Applicant <i>Mike Smith</i>	8. Name and Title of Authorized Official MIKE SMITH	9. Date 09/19/2019
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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 (With the following conditions, if any)	<input type="checkbox"/> Disapproved (For the following reasons)
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Authorized ATF Official	Date
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MAKER'S CERTIFICATION (not completed by a GOVERNMENT ENTITY)

10. Law Enforcement Notification (See instruction 2l)

Each applicant is to provide notification of the proposed making and possession of the firearm described on this Form 1 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, SHERRIFF

Agency or Department Name

Name and Title of Official

423 FAKE ST, BOONVILLE, MISSOURI 65203

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 applicant's intent to make and register a National Firearms Act (NFA) firearm. No action on your part is required. However, should you have information that may disqualify this person from making or possessing a firearm, please contact the NFA Division at (304) 616-4500 or NFA@atf.gov. A "Yes" answer to items 11.a. through 11.h. or 15.d. or 15.e. could disqualify a person from acquiring or possessing a firearm. Also, ATF will not approve an application if the making or possession of the firearm is in violation of State or local law.

Maker's Questions (complete only when the maker is an individual)

A maker who is an individual must complete this Section.

11. Answer questions 11.a. through 11.h. Answer questions 13, 15, 16 and 17 if applicable. For any "Yes" answer the applicant shall provide details on a separate sheet. (See instruction 7c and definitions)

	Yes	No
a. Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year? (See definition 1n)		✓
b. Have you ever been convicted in any court for a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? (See definition 1n)		✓
c. Are you a fugitive from justice? (See definition 1t)		✓
d. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? Warning: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside.		✓
e. Have you ever been adjudicated as a mental defective OR have you ever been committed to a mental institution? (See definition 1o and 1p)		✓
f. Have you been discharged from the Armed Forces under dishonorable conditions?		✓
g. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? (See definition 1q)		✓
h. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? (See definition 1r)		✓

12. Photograph

**Affix a 2" x 2" Photograph Here
No Stapling. Please 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.

13. Social Security Number: (See instruction 2f) SSN Number Date of Birth: Date of Birth

14a. Ethnicity Hispanic or Latino Not Hispanic or Latino

14b. Race American Indian or Alaska Native Black or African American White
 Asian Native Hawaiian or Other Pacific Islander

15a. Country of Citizenship: (Check/List more than one, if applicable. Nationals of the United States may check U.S.A.) (See definition 1s)

United States of America Other Country/Countries (specify): _____

15b. State of Birth: MISSOURI

15c. Country of Birth: UNITED STATES OF AMERICA

	Yes	No
d. Have you ever renounced your United States citizenship?		✓
e. Are you an alien illegally or unlawfully in the United States?		✓
f.1. Are you an alien who has been admitted to the United States under a nonimmigrant visa?		✓
f.2. If "yes", do you fall within any of the exceptions stated in the instructions? Attach the documentation to the application	<input checked="" type="checkbox"/> N/A	

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 instruction 2f) Yes No If yes please list _____

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 10, 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 applicant.

Mike Smith
Signature of Maker

09/19/19
Date

18. Number of Responsible Persons (see definitions) associated with the applicant trust or legal entity _____

19. 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 1 application for each Responsible Person.

Full Name _____ _____ _____	Full Name _____ _____ _____
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20. Method of Payment (Check one) (See instruction 2i) (if paying by credit/debit card, complete the sections below)

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)
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Credit/Debit Card Billing Address:	Address: _____ City: _____ State: _____ Zip Code: _____
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Tax Amount: \$ 200.00

I Authorize ATF to Charge my Credit/Debit Card the Above Amount.

Mike Smith _____
Signature of Cardholder

09/19/2019 _____
Date

Your credit/debit card will be charged the above stated amount upon receipt of your application. The charge will be reflected on your credit/debit card statement. 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

If you are the current registrant of the firearm described on this form, 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 3b, the executor should contact the NFA Division, Bureau of ATF, 244 Needy Road, Martinsburg, WV 25405.

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.

Change of Description or Address: The registrant shall notify the NFA Division, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25405, in writing, of any change to the description of the firearm in item 4, or any change to the address of the registrant.

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.

Paperwork Reduction Act Notice

This form is in accordance with the Paperwork Reduction Act of 1995. The information you provide is used to establish that the applicant's making and possession of the firearm would be in conformance with Federal, State, and local law. The data is used as proof of lawful registration of a firearm to the manufacturer. The furnishing of this information is mandatory (26 U.S.C. § 5822).

The estimated average burden associated with this collection of information is 4.0 hours per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestion for reducing this burden should be addressed to Reports Management Officer, Information Technology Coordination Staff, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

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.