

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 checked="" 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. Please complete item 20. Upon approval of the application, we will affix and cancel the required National Firearms Act stamp. (See instructions 2b, 2j and 3)		2a. Transferee's Full Legal Name and Address (Include trade name, if any) (See instruction 2d) MIKE SMITH 123 FAKE ST BOONVILLE, MISSOURI 65203 <input type="checkbox"/> Corporation <input type="checkbox"/> Other Legal Entity <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Trust		2b. County/Parish COOPER
3a. Transferor's Full Legal Name and Address (Include trade name, if any) (Executors: see instruction 2l) GUN STORE 456 FAKE ST BOONVILLE, MISSOURI 65203		3b. E-mail address	3c. Transferor's Telephone (Area Code and Number) 660-555-4444	
		3d. If Applicable: Decedent's Name, Address, and Date of Death		
		3e. Number, Street, City, State and Zip Code of Residence (or Firearms Business Premises) If Different from Item 3a.		

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 h) (See instruction 2n)			d. Model SILENCER-MODEL	
a. Name and Address of Maker Manufacturer and/or Importer of Firearm SILENCER MANUFACTURER, 123 FAKE ST, SEDALIA, MISSOURI 65201	b. Type of Firearm (see definitions 1c) Silencer	c. Caliber or Gauge 9MM	e. Barrel Length: N/A	f. Overall Length: 7
h. Additional Description or Data Appearing on Firearm (Attach additional sheet if necessary)			g. Serial Number S9MM234	

5. Transferee's Federal Firearms License (if any) or Explosives License or Permit Number (Give complete 15-digit number) (See instruction 2c)				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
111111	22	33	4444	EIN NUMBER	CLASS 3

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>Gun Store Owner, Member</i>	10. Name and Title of Authorized Official (Print or type) GUN STORE OWNER, MEMBER	11. Date 09/19/19
---	--	----------------------

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)
---	--

Signature of Authorized ATF Official	Date
--------------------------------------	------

Transferee Certification

12. Law Enforcement Notification (See instruction 2f)

The transferee is to provide notification of the proposed acquisition and possession of the firearm described on this Form 4 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 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. A "Yes" answer to items 14.a. through 14.h. or 18.d. or 18.e. could disqualify a person from acquiring or possessing a firearm. Also, ATF will not approve an application if the transfer or possession of the firearm is in violation of State or local law.

13. Transferee Necessity Statement (See instruction 2e)

I, MIKE SMITH, have a reasonable necessity to possess the machinegun, short-barreled rifle, (Name and Title of Transferee)

short-barreled shotgun, or destructive device described on this application for the following reason(s) Investment and 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.h. Answer questions 16, 17, 18, 19 and 20, if applicable. For any "Yes" answer the transferee shall provide details on a separate sheet. (See instruction 7b and definitions)

Table with 3 columns: Question, Yes, No. Rows include questions about criminal history, drug use, mental health, and domestic violence.

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 SSN.

16. Social Security Number: (See instruction 2h)

Date of Birth:

SSN Number

Date of Birth

17a. Ethnicity: [] Hispanic or Latino, [x] Not Hispanic or Latino. 17b. Race: [] American Indian or Alaska Native, [] Black or African American, [x] White, [] Asian, [] Native Hawaiian or Other Pacific Islander.

18a. Country of Citizenship: (Check/List more than one, if applicable. Nationals of the United States may check U.S.A.) (See definition 1r)

[x] United States of America [] Other Country/Countries (specify):

18b. State of Birth

MISSOURI

18c. Country of Birth

UNITED STATES OF AMERICA

Table with 3 columns: Question, Yes, No. Rows include questions about citizenship renunciation, alien status, and documentation.

19. If you are an alien, record your U.S.-Issued Alien or Admission number (AR#, USCIS#, or 194#):

20. Have you been issued a Unique Personal Identification Number (UPIN)? (See instruction 2h) [] Yes [x] 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 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

Signature of Transferee

09/19/19

Date

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

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 4 application for each Responsible Person.

Full Name

Full Name

23. Method of Payment (Check one) (See instruction 2j) (if paying by credit/debit card, complete the section 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)

Credit/Debit Card Billing Address: Address: City: State: Zip Code:

Tax Amount:
\$ \$200.00

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

Mike Smith

Signature of Cardholder

09/19/19

Date

Your credit/debit card will be charged the above stated amount upon receipt of the 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 2a, the executor should contact the NFA Division, Bureau of Alcohol, Tobacco, Firearms and Explosives, 244 Needy Road, Martinsburg, WV 25405.

Change of Address: Unless currently licensed under the Gun Control Act, 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 address in item 2a.

Change of Description: 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(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.

Paperwork Reduction Act Notice

This form meets the clearance requirements of the Paperwork Reduction Act of 1995. The information you provide is used in applying to transfer serviceable firearms taxpaid. Data is used to identify transferor, transferee, and firearm, and to ensure legality for transfer under Federal, State and local laws. The furnishing of this information is mandatory (26 U.S.C. § 5812).

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 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.