U.S. Department of Justice Bureau of Alcohol, Tobacco, Firearms and Explosives

OMB No. 1140-0014 (01/31/2014) Application for Tax Paid Transfer and Registration of Firearm

Maryland NRC Licensee 123 Main Street Anytown, MD 20900 3a. Transferor's Name and Address (Incl.)	luding tradenan	•				Su	bmit in Duplicat	e to:	
123 Main Street Anytown, MD 20900 3a. Transferor's Name and Address (Incl.)	2a. Transferee's Name and Address (Including tradename, if any) (See instruction 2)						National Firearms Act Branch Bureau of Alcohol, Tobacco, Firearms and Explosives, P.O. Box 530298		
Anytown, MD 20900 3a. Transferor's Name and Address (Incl.)	Maryland NRC Licensee								
3a. Transferor's Name and Address (Incl.							anta.		
•		•				1, 7	Type o	S200	
•				2b. County	7				
•				1 -	,		Subm.	ck or	
•					Calvert			iount	
	luding trade nan	ie, if any) (I	Executors	: see instru	ction 2k)		made	ohol,	
Police and Law Enforcement Suppliers							Toba:	Upo	
456 State Road				•			appro will a	fice quire	
Anytown, MD 20900							"Nati	you.	
			3b. Tran	sferor's Tele	ephone Number	and	(See: 5	THE COLUMN	
Area				Code			Numb (HUNDR	ED DOLLARS . Code	
301 5				55 1212			of Res s s Premises) if Different from Item 3a.		
3c. If Applicable: Decedent's Name, Adda	ress, and Date of	f Death					1.0		
								•	
The characteristic desired and a state of the characteristic and the characteristic desired a			-i11 C		'AL - NI-4' 1 E'			:	
The above-named and undersigned transferor he below to the transferee.	ereby makes appli	cation as requ	uired by Se	ection 5812 of	the National Fire	arms Act t	o transter and reg	ister the firearm describ	
4. Description of Firearm (Complete items a th	hrough h)					d. Mod	el		
a. Name and Address of Manufacturer and/or Importer of b. Type of Firearr						M4			
Firearm	instruction 1c)			Gauge or	Length	e. Of Barrel	: f. Overall:		
Colt					Size	(Inches)		24	
Hartford, CT					(Specify)			24	
		Machinegun				g. Serial	Number		
					.223	X246890			
h. Additional Description or Data Appearing on	Firenem (Attack	additional	haat if maac	200041		1			
5. Transferee's Federal Firearms License (If any)				6. Transferee's Special (Occupational) Tax Status (If any) a. Employer Identification Number b. Class					
(Give complete 15-digit number) (See instruction				i. Employer id	entification Num	DEI .	o. Class		
First 6 digits 2 digits	2 digits	5 digit	is	•					
				-					
7 T	(10)			T	S	:1\ m	Charter (IC)		
7. Transferor's Federal Firearms License (If any)				8. Transferor's Special (Occupational) Ta			b. Class		
(Give complete 15-digit number) (See instructi				a. Employer Identification Number		Dei	U. Class		
First 6 digits 2 digits	2 digits	5 digi	ts 2	234567890			3		
2-22-222 01 2L		22222							
Under Penalties of Perjury, I Declare that I have ex firearm to the transferee and receipt and possession of									
or Title VII of the Omnibus Crime Control and Safe S					, rinc 16, On	ited States C	ouc, Chapter 55, 11	nic 20, Office States Code,	
9. Consent to Disclosure of Information to Tran		ction 8) . I	Do or Do	Not (Circle	one) Authorize A	TF to Pro	vide Information	Relating to this	
			1	1. Name and '	Title of Authorize	d Official		12. Date	
Application to the Above-Named Transferee	TAI ()			(Print or type)					
Application to the Above-Named Transferee	John Muth				John Smith, DIRECTOR OF SALES			May 17, 2011	
Application to the Above-Named Transferee	Below is for the us	e of the Bur	eau of Alc	ohol, Tobacc	o, Firearms and	Explosive	s		
Application to the Above-Named Transferee 10. Signature of Transferor (or authorized office) The state of the Above-Named Transferee The state of the Above-N		l and the Tra	nsfer and I	Registration o	f the Firearm Des	cribed	Stamp Denomina	ation	
Application to the Above-Named Transferee 10. Signature of Transferor (or authorized office) The Space B		i, and the ria						ation	
Application to the Above-Named Transferee 10. Signature of Transferor (or authorized office) The Space By authority of the Director, This Application has the space of the control of the Director.	nas been Examined			ire:					
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