U.S. Department of Justice

Bureau of Alcohol, Tobacco, Firearms and Explosives



Application for Tax Paid Transfer and Registration of Firearm

ATF Control No	ımber							bmit in Duplicate			
2a. Transferee's Name and Address (Including tradename, if any) (See instruction 2)							Be	National Firearms Act Branch Bureau of Alcohol, Tobacco, Firearms			
JOSHUA KALII	NOWSKI REVOCA	ABLE LIVING TRU	STI				an	d Explosives, P.O. lanta, GA 30353-0	Box 530298		
1170 MINERAL	SPRINGS RD						THE STREET SHOW THE STREET	Type of Transfer /			
MADISON, NC	27025				2b. Coun	tv			S200		
						CKINGHAM		St 5200	the state of the	neck or	
3a. Transferor's	Name and Address	(Including trade na	me. if any) (Executi				" AUGNO	A Print of the Print of the Control	mount lcohol,	
	TE FIREARMS LI		, 9 497 (Leveeni	ora. See man	icitori zny		Tr 9 - 22	A PRODUCT OF THE PARTY OF THE P	s. Upo	
THSF								ar F		office	
1734 SPRING S								W' I		require or you.	
MATTHEWS, N	C 28105			3b. T	ransferor's Te	lephone Number	r and	S	HIMA		
				Area			3d.	Nu		p Code	
					704-942	-8671		Of Pri	5 1 1 1 1	3a.	
3c. If Applicable:	Decedent's Name	Address, and Date	of Death					(HUNDRED)	DAMES		
									went of		
The above-named a	and undersigned transf	feror hereby makes app	lication as rec	quired by	Section 5812	of the National Fire	arms Act	o transfer and regist	er the firearm	describ	
below to the transfe	ree.			quired by	Section 3012 (or the reational rine	ains rect	o nanarci and regist	er die meanin	deserro	
	rearm (Complete ite.	Many States of the San	alle Transact	Caral .				Model			
Firearm	ress of Manufactur	er and/or Importer of	instruct			c. Caliber, Gauge or	-	SOCOM 300 SPS			
Tireditii			mon acr	ion rej		Size	Length (Inches)	e. Of Barrel:	f. Overal	1:	
SUREFIRE						(Specify)	(Inches)	N/A	7.95		
FOUNTAIN V	ALLEY, CA		CVV -				g. Seria	Number			
			SILE	ENCER		7.62		A49N01693			
n Additional Descr	intion or Data Annear	ring on Firearm (Attac	h additional s	shoot if n	acassanul			A49N01093			
	ipilon of Bata reppear	ing on Theathr phiae	n adamonar s	sheet y n	ecessary)						
5. Transferee's Fede	eral Firearms License	(If any)			6. Transferee	's Special (Occupa	tional) Tax	Status (If any)			
(Give complete 15-	digit number) (See in	nstruction 2b)			a. Employer l	dentification Num	ber	b. Class			
First 6 digits	2 digits	2 digits	5 digi	its							
Transferor's Fe	deral Firearms Licens	se (If any)						Tax Status (If any)			
Give complete 15-	digit number) (See in	struction 2b)		a. Employer Identification			Number b. Class				
First 6 digits	2 digits	2 digits	5 digi	its	46-347700	8		CLASS 2			
56119	07	8B	10138								
irearm to the transfere	e and receipt and posses	have examined this application of it by the transferee	are not prohibit	ted by the	provisions of Ch	apter 44. Title 18. Un	ect and comp	olete, and that the trans	fer of the describ	ed Code	
Title VII of the Omi	nibus Crime Control and	Safe Streets Act, as amen	ded; or any proy	visions of	State or local law			one, chapter 55, Trac	20, Chiled State	s Code,	
		o Transferee (See instr	uction 8)	Do or I	Do Not (Circle	e one) Authorize	ATF to Pro	vide Information Re	lating to this		
	e Above-Named Tran				111 17						
0. Signature of Tra	11. Name and Title of Authorized Offic (Print or type)			icial 12. Date							
	图1 (1507) 图1 (2004) 2002 (1004) 图10 (1004)	AN SISE MEM	BER/MA	MANAGER 4/24/2016							
	The Si	nace Below is for the u	se of the Bui	reau of	BUSINESS AND STREET		of the same of the same				
by authority of the l		ation has been Examine		NAME AND ADDRESS OF THE OWNER, WHEN PERSON ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN				Stamp Denominati	on		
		t Firearm, when Appli					crioca				
Approved 6	th the following cond	litions (6-1)			Disann	roved (For the for	loving re-	(sons)			
Approved (w)	an the jollowing cona				П Візарір	.o.ca (i oi ine joi	iowing rec	isons)			
	71	1./								2011	
Signature of Author	ized ATV Official								Patel 33	ZUT	
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Application for Tax Paid Transfer and

						Registr	ation of F	irear	m_				
ATF Control N.	5200	SE200											
SUBMIT in DU	BMIT in DU OPUOT earms Act Branch												
1 Type of Tra	Iconol, Tobacco, Firearms and Explosives, P.O. Box 530298, Atlanta, GA 30353-0298												
			>	a. Hanstere	e s ivame a	ind Address (In	clude trade name.	if any) (see instru	ection 2d)			
☐ \$5	1/2/	TO SERVICE SERVICE	J	OSHUA DRI	EW KALIN	NOWSKI							
Submit the appre	1 1 1		opplication 1	170 MINER	AL SPRING								
order. Please cor	13/0	10/10/1	al of the	MADISON, N	IC 27025								
Application, we v		TWO	ed National										
	CHUNDE	TED DOLLARS	'nd 3)							2b. County			
		****		Management 1777, ASS, Science of the Sales	IDUAL	TRUST or LEGAL ENTITY				ROCKINGHAM			
3a. Transferor's N	Name and	Address (Includ	de trade name, if a	ny) (Executor	s: see inst	ruction 2k)							
TAR HEEL STAT	EFIREA	RMS											
1734 SPRING STO													
MATTHEWS, NC	28105												
					3b. e-ma	il address (optio	onal)	3c Tr	ansferor's	Telephone (Area	Code and N	umber)	
	THSFA						FATF@GMAIL.COM			-8671			
3d. If Applicable	Deceden	nt's Name, Addre	ess, and Date of De	eath		umber, Street, City, State and Zip Code of Residence (or Firearms Business Premises) If							
	7.8				Dif	ferent from Iten	1 3a						
The shows in	- 3			4 6									
The above-named at below to the transfe	nd unders	agned transferor	hereby makes app	olication as re	quired by S	Section 5812 of	the National Firear	ms Act t	o transfer	and register the f	irearm descr	ribed	
4. Description of	Firearm	(Complete item	s a through h) (See	instruction 2	(m)			Id	Mod	el			
a. Name and Add	dress of M	Maker, Manufact	urer and/or		e of Firear	m	c. Caliber	, and		TIMUS			
Importer of Fi	rearm			(See	definition	s)	or	Len	ength	e. Of Barrel:	f. Ove	rall	
GRIFFIN ARMAN	MENT						Gauge		nches)	N/A	9.4		
DOUSMAN, WI				SILEN	ICER		9MM	g	Seria	l Number			
								i total c	OP1107				
h Additional Des	scription	or Data Appeari	ng on Firearm (At	tach addition	al sheet if	necessary)							
								t made					
5 Transferee's Fe	ederal Fire	earms License	(If any)			6. Transfer	ee's Special (Occu	pational	Tax Stat	tus (If anvi			
(Give complete 15-d	ligit numb	er) (See instruc	tion 2c)				er Identification No			CI.			
First 6 digits		2 digits	2 digits	50	ligits								
	16		1	1	The state of the s								
7. Transferor's Fe	ederal Fire	earms License (If any)			8. Transfe	ror's Special (Occu	us (If any)					
First 6 digits		2 digits	2 digits	50	ligits		a. Employer Identification Number			Class			
156119	10	7	1 8B	1 10138	4 6		16-3477008			62 NFA FIREARMS MFGR			
Under Penalties of	Periury.	I Declare that I	have examined thi	is application	and to the	best of my lens	relador on J.L. UC						
Under Penalties of I the described firearm	to the tra	ansferee and rec	eipt and possession	n of it by the	transferee	are not prohibite	ed by the provision	it is true,	correct a	and complete, and ted States Code: C	that the tran	sfer of	
Clinica States Code,	Chap 33,	or any provision	is of State of local	law.	100 × 24	图1000 000 000					nap 44, 110	e 20,	
9. Signature of Tr	Signature of Transferor (Or authorized official)						10. Name and Title of Authorized Official (Print or type) 11. Date						
	/	m				SCOTT VAN	I SISE MEMBER	MANA	GER	03/15	/2017		
	/	The	Space Below is fo	r the use of t	he Bureau	of Alcohol, To	bacco, Firearms	and Exp	losives				
By Authority of The Described Herein an	Director,	This Application	on Has Been Exam	ined, and the	Transfer a	nd Registration	of the Firearm			nination			
				When Applies	able to the	Tansieree are	/医师一/影点						
	th the follo	owing condition	s, if any)			Disappr	oved (For the follo	owing re	asons)				
CADA							ATT AS						
			^			1							
Signature of Authoriz	zed ATF	Official	11	.1			0				Date		
			(a	Many	40 -	Heule	Uman				OCT 0	6 20	
Previous Editions are	e Obsolete				-	10.0	A CONTRACT OF THE PARTY OF THE	Name (State of	10 mm d	AND A STATE OF THE PARTY.			