

Application for Tax Paid Transfer and  
Registration of Firearm

ATF Control Number

2a. Transferee's Name and Address (Including tradename, if any) (See instruction 2)

JOSHUA KALINOWSKI REVOCABLE LIVING TRUST I  
1170 MINERAL SPRINGS RD  
MADISON, NC 27025

2b. County  
ROCKINGHAM

3a. Transferor's Name and Address (Including trade name, if any) (Executors: see instruction 2k)

TAR HEEL STATE FIREARMS LLC  
THSF  
1734 SPRING STONE DR.  
MATTHEWS, NC 28105

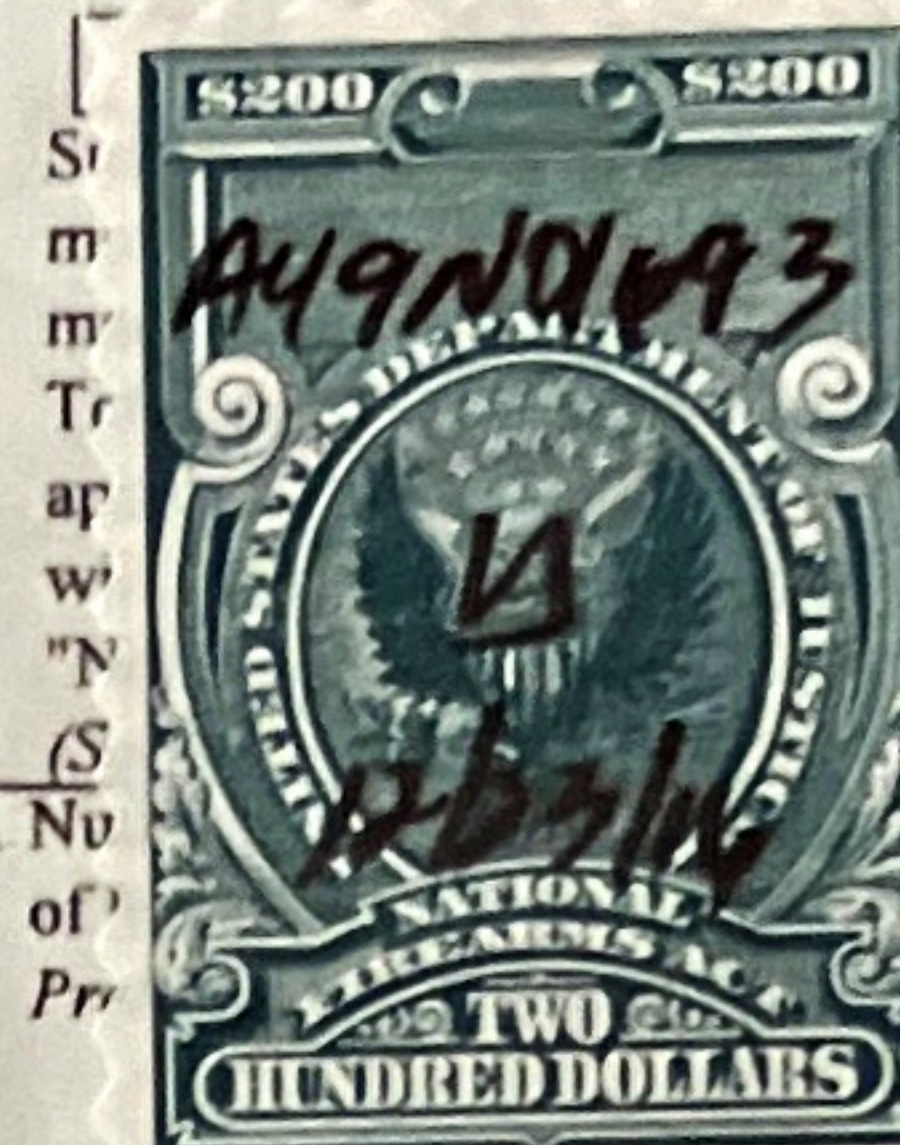
3b. Transferor's Telephone Number and  
Area Code  
704-942-8671

3c. If Applicable: Decedent's Name, Address, and Date of Death

Submit in Duplicate to:

National Firearms Act Branch  
Bureau of Alcohol, Tobacco, Firearms  
and Explosives, P.O. Box 530298  
Atlanta, GA 30353-0298

1. Type of Transfer (Check one)



check or  
amount  
alcohol,  
es. Upon  
office  
required  
or you.

3d. Nv  
of  
Pr  
ip Code  
less  
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)

a. Name and Address of Manufacturer and/or Importer of Firearm  SUREFIRE FOUNTAIN VALLEY, CA	b. Type of Firearm (See instruction 1c)  SILENCER	c. Caliber, Gauge or Size (Specify)  7.62	d. Model SOCOM 300 SPS		
	Length (Inches) N/A			e. Of Barrel: N/A	f. Overall: 7.95
			g. Serial Number A49N01693		

h. Additional Description or Data Appearing on Firearm (Attach additional sheet if necessary)

5. Transferee's Federal Firearms License (If any)

(Give complete 15-digit number) (See instruction 2b)

First 6 digits	2 digits	2 digits	5 digits
156119	07	8B	10138

6. Transferee's Special (Occupational) Tax Status (If any)

a. Employer Identification Number

b. Class

8. Transferor's Special (Occupational) Tax Status (If any)

a. Employer Identification Number

b. Class

46-3477008

CLASS 2

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 Chapter 44, Title 18, United States Code; Chapter 53, Title 26, United States Code; or Title VII of the Omnibus Crime Control and Safe Streets Act, as amended, or any provisions of State or local law.

9. Consent to Disclosure of Information to Transferee (See instruction 8) ☒ Do or ☐ Do Not (Circle one) Authorize ATF to Provide Information Relating to this Application to the Above-Named Transferee.

10. Signature of Transferor (or authorized official)

11. Name and Title of Authorized Official  
(Print or type)

SCOTT VAN SISE MEMBER/MANAGER

12. Date

4/24/2016

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:

Stamp Denomination

☒ Approved (with the following conditions, if any)

☐ Disapproved (For the following reasons)

Signature of Authorized ATF Official

Date DEC 23 2016



# Application for Tax Paid Transfer and Registration of Firearm

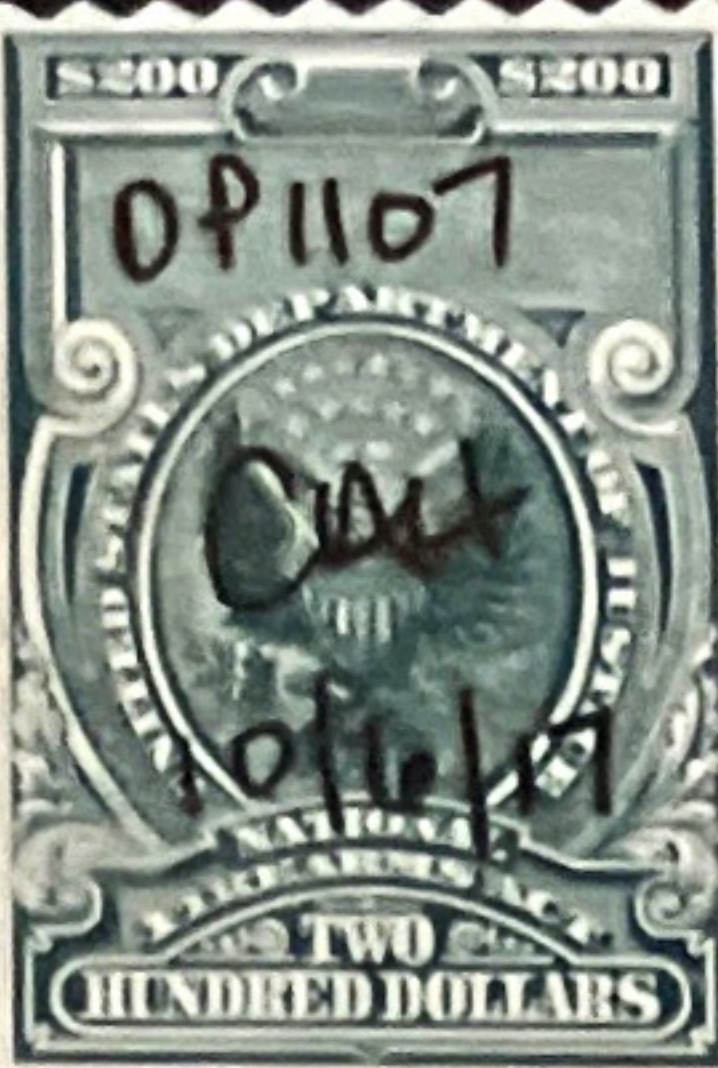
ATF Control N

SUBMIT in DU

1. Type of Transfer

☐ \$5

Submit the appropriate tax with this application. The tax may be paid by check or money order. Please complete this application, we will process your application.



Firearms Act Branch

Alcohol, Tobacco, Firearms and Explosives, P.O. Box 530298, Atlanta, GA 30353-0298

Application fee, check, or money order of the United States National Firearms Act (Section 5812)

2a. Transferee's Name and Address (Include trade name, if any) (See instruction 2d)

JOSHUA DREW KALINOWSKI  
1170 MINERAL SPRINGS RD  
MADISON, NC 27025

☒ INDIVIDUAL ☐ TRUST or LEGAL ENTITY

2b. County

ROCKINGHAM

3a. Transferor's Name and Address (Include trade name, if any) (Executors: see instruction 2k)

TAR HEEL STATE FIREARMS  
THSF  
1734 SPRING STONE DR  
MATTHEWS, NC 28105

3b. e-mail address (optional)

THSFATF@GMAIL.COM

3c. Transferor's Telephone (Area Code and Number)

704-942-8671

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 2m)

a. Name and Address of Maker, Manufacturer and/or Importer of Firearm

GRIFFIN ARMAMENT  
DOUSMAN, WI

b. Type of Firearm (See definitions)

SILENCER

c. Caliber or Gauge

9MM

d. Model

OPTIMUS

Length (Inches)

e. Of Barrel: N/A

f. Overall: 9.4

g. Serial Number  
OP1107

h. Additional Description or Data Appearing on Firearm (Attach additional sheet if necessary)

5. Transferee's Federal Firearms License (If any)

(Give complete 15-digit number) (See instruction 2c)

First 6 digits: 156119, 2 digits: 07, 2 digits: 8B, 5 digits: 10138

6. Transferee's Special (Occupational) Tax Status (If any)

a. Employer Identification Number

b. Class

8. Transferor's Special (Occupational) Tax Status (If any)

a. Employer Identification Number

b. Class

46-3477008

62 NFA FIREARMS MFGR

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)

10. Name and Title of Authorized Official (Print or type)

11. Date

SCOTT VAN SISE MEMBER/MANAGER

03/15/2017

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:

Stamp Denomination

☒ Approved (With the following conditions, if any)

☐ Disapproved (For the following reasons)

Signature of Authorized ATF Official

Catherine Heuleman

Date

OCT 06 2017

Previous Editions are Obsolete

ATF Copy 2 - To be Returned to Registrant

ATF E-Form 4 (5320.4)  
Revised May 2016