

DEPARTMENT OF THE TREASURY — BUREAU OF ALCOHOL, TOBACCO AND FIREARMS
**APPLICATION FOR REGISTRATION OF FIREARMS ACQUIRED BY
 CERTAIN GOVERNMENTAL ENTITIES**
 (Submit in duplicate)

PLEASE READ INSTRUCTIONS ON REVERSE CAREFULLY BEFORE COMPLETING THIS FORM

TO: The Director, Bureau of Alcohol, Tobacco, and Firearms, Washington, D.C. 20226

The undersigned hereby makes application to register to the governmental entity identified in this application the firearm described below.

27 CFR 179.104 Provides for limited registration of otherwise unregistrable firearms by certain governmental entities, for official use only. If this application is approved, it is with the condition that the firearm is for "OFFICIAL USE ONLY."

1. NAME AND COMPLETE ADDRESS (Including ZIP code) OF DEPARTMENT OR AGENCY MAKING APPLICATION TO REGISTER FIREARM

Division of Enforcement (Box 47)
 Minnesota Department of Natural Resources
 500 Lafayette Rd.
 St. Paul, MN 55146

2. TELEPHONE NUMBER (Include Area Code)

612/296-0716

3. DESCRIPTION OF FIREARM (Complete items (a) through (h).)

NAME AND ADDRESS OF MANUFACTURER AND/OR IMPORTER OF FIREARM <i>a</i>	TYPE OF FIREARM (See Definitions) <i>b</i>	(Check One)			LENGTH (Inches)		SERIAL NUMBER (See Instruction 1) <i>g</i>	
		<input type="checkbox"/> CALIBER	<input checked="" type="checkbox"/> GAUGE	<input type="checkbox"/> SIZE <i>c</i>	MODEL <i>d</i>	OF BARREL <i>e</i>		OVER-ALL <i>f</i>
Harrington & Richardson Arms Company	3 Handy-gun type			410	410-12 m/m	12 1/4 inch	17 inches	3972

h. ADDITIONAL DESCRIPTION (Include all numbers on firearm, and location of each number. If firearm is unserviceable, describe how it was made unserviceable.)

4. LOCATION WHERE FIREARM IS USUALLY KEPT

(above, in item 1) confiscation room

I w # 382458

5. FROM WHOM WAS FIREARM RECEIVED? (Optional response - This information may assist ATF in removing records relating to previous registrations of this firearm.)

I CERTIFY THAT the above described firearm is for OFFICIAL USE ONLY and that I have examined this application and, to the best of my knowledge and belief, it is true, correct and complete.

6. SIGNATURE OF AUTHORIZED OFFICIAL (See Instruction 1)

Fredean C. Hammer

7. PRINT NAME AND TITLE OF AUTHORIZED OFFICIAL

Fredean C. Hammer, Director
 Division of Enforcement

8. DATE

05/09/86

SPACE BELOW IS FOR USE BY THE BUREAU OF ATF — MAKE NO ENTRIES IN THIS PART

By authority of the Director, Bureau of Alcohol, Tobacco, and Firearms, this application has been examined and the registration of the described firearm to the government entity described above is:



APPROVED FOR OFFICIAL USE

RESTRICTED FOR OFFICIAL
 USE BY GOVERNMENT
 ENTITY ONLY



DISAPPROVED BECAUSE

~~EXAMINER~~

~~DATE~~

AUTHORIZED ATF OFFICIAL

DATE



Ray Schaub

JUL 29 1986