



DEPARTMENT OF THE TREASURY
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS
APPLICATION AND PERMIT FOR IMPORTATION OF FIREARMS,
AMMUNITION AND IMPLEMENTS OF WAR
NOT FOR USE BY MEMBERS OF THE UNITED STATES ARMED FORCES *(Submit in triplicate)*

FOR ATF USE ONLY

PERMIT NO. _____

VALID FOR 12 MONTHS AFTER THE DATE OF APPROVAL (ITEM 17 BELOW)

SECTION I - APPLICATION

1. FEDERAL FIREARMS LICENSE <i>(If Any)</i>		2. TELEPHONE NO.	3. COUNTRY OF EXPORTATION
LICENSE NO.	EXPIRATION DATE		
4. NAME AND ADDRESS OF BROKER, if any <i>(Including ZIP Code)</i>		5. APPLICANT'S NAME AND ADDRESS <i>(Including ZIP Code)</i>	
<input type="checkbox"/> Check here if permit is to be returned to broker.		<input type="checkbox"/> Check here if permit is to be returned to applicant.	
6. NAME AND ADDRESS OF FOREIGN SELLER, if any		7. NAME AND ADDRESS OF FOREIGN SHIPPER	

8. DESCRIPTION OF FIREARMS AND AMMUNITION *(For firearms, enter (SG) - Shotgun; (RI) - Rifle; (PI) - Pistol; (RE) - Revolver)*

	NAME AND ADDRESS OF MANUFACTURER <i>a</i>	TYPE <i>(SG), (RI), (PI), (RE)</i> <i>b</i>	CALIBER GAUGE OR SIZE <i>c</i>	QUANTITY <i>(Each type)</i> <i>d</i>	UNIT COST <i>e</i>	US MIL CATEGORY <i>f</i>	MODEL (MFRS) DESIGN <i>g</i>	LENGTH OF BARREL <i>h</i>	OVERALL LENGTH <i>(Inches)</i> <i>i</i>	SERIAL NO. <i>j</i>	NEW (N) OR USED (U) <i>k</i>
FIREARMS											
IMPLEMENTS OF WAR											
AMMUNITION		<i>(Ball Wad-cutter, Shot, etc.)</i>									

9. CERTIFICATION OF ORIGIN. The items sought for importation in block 8:

a. Do not contain U.S. manufactured parts or components; and
 Do not contain foreign manufactured parts or components that were manufactured with U.S. technical data or assistance; or

b. Contain U.S. manufactured parts or components and/or foreign manufactured parts or components that were manufactured with U.S. technical data or assistance;

10. SPECIFIC PURPOSE OF IMPORTATION *(Use additional sheets, if necessary)*

11. ARE YOU REGISTERED PURSUANT TO THE ARMS EXPORT CONTROL ACT OF 1976 <input type="checkbox"/> YES <input type="checkbox"/> NO	12. IF "YES", GIVE REGISTRATION NO. AND EXPIRATION DATE
---	---

Under the penalties provided by law, I declare that I have examined this application, including the documents submitted in support of it, and, to the best of my knowledge and belief, it is true, correct, and complete.

13. SIGNATURE OF APPLICANT	14. TITLE	15. DATE
----------------------------	-----------	----------

SECTION II - FOR ATF USE ONLY *(Please make no entries in this section)*

16. THE APPLICATION HAS BEEN EXAMINED AND THE IMPORTATION OF THE FIREARMS, AMMUNITION, AND IMPLEMENTS OF WAR DESCRIBED HEREIN IS:

<input type="checkbox"/> APPROVED	<input type="checkbox"/> WITHDRAWN BY APPLICANT WITHOUT ACTION
<input type="checkbox"/> PARTIALLY APPROVED FOR THE REASON INDICATED HERE OR ON ATTACHED LETTER	<input type="checkbox"/> RETURNED WITHOUT ACTION FOR ADDITIONAL INFORMATION
<input type="checkbox"/> DISAPPROVED FOR THE REASON INDICATED HERE OR ON ATTACHED LETTER	

17. SIGNATURE OF THE DIRECTOR, BUREAU OF ALCOHOL, TOBACCO AND FIREARMS	18. DATE
--	----------