





FFL No.:  
FFL Type:  
Expiration Date:

FFL License Name:  
Premises Address: , -

RENEWAL APPLICATION QUESTIONNAIRE

C. Answer questions 1 - 7 by writing "yes" or "no" in the boxes to the right of the questions.

	write "yes" or "no"
1. Is the firearms or ammunition activity to be conducted under the Federal firearms license (FFL) at the "premises address" shown above and on the front of this renewal application prohibited by State or local law?	
2. Within thirty days after this application has been approved, will the firearms or ammunition activity comply with the requirements of State and local law applicable to the conduct of the firearms or ammunition business or collection of curios or relics?	
3. Will the requirements of State and local law that are applicable to the firearms or ammunition activity, or collection of curios or relics, be met prior to the start of the business or collection activity?	
4. Has a completed COPY of this renewal application form (front & back) been sent or delivered to the Chief Law Enforcement Officer (CLEO) of the locality in which the premises are located? Date sent: _____ CLEO's Name & Title: _____	
5. As required by 18 U.S.C. 923, will secure gun storage or safety devices be made available at any place in which firearms are sold under the Federal firearms license (FFL) to persons who are NOT licensees. Write "n/a" if you are a Collector of Curios or Relics or a Manufacturer of Ammunition.	
6. As required by 18 U.S.C. 922(g)(5)(B), ATF Form 5330.20 - CERTIFICATION OF COMPLIANCE WITH 18 U.S.C. 922(g)(5)(B) has been submitted for EACH responsible person in the firearms or ammunition business or collection activities. (The form is a certification to citizenship.)	
7. If you are a firearms dealer, pawnbroker, manufacturer, importer, or collector of curios or relics: a. How many firearms have you bought or acquired with your firearms license over the past 3 years? If none, enter '0'. <input type="text"/> <small>* If you hold multiple FFLs, please only indicate the number of firearms relating to the FFL you are requesting.</small> b. How many firearms have you sold or disposed of with your firearms license over the past 3 years? If none, enter '0'. <input type="text"/> <small>* If you hold multiple FFLs, please only indicate the number of firearms relating to the FFL you are requesting.</small>	

(Write " " if you are solely a gunsmith or a manufacturer of ammunition.)

**MAILING ADDRESS**

D. The following questions apply to YOU and to any other person who has the power to direct the management and policies of your firearms activities. Answer questions 8 - 18 by writing "yes" or "no" in the boxes to the right of the questions.

	write "yes" or "no"
8. Are you under indictment or information in any court for a crime for which a judge could imprison you for more than one year? An "information" is a formal accusation of a crime made by a prosecuting attorney.	
9. Have you ever been convicted in any court of a crime for which the judge could have imprisoned you for more than one year, even if the judge actually gave you a shorter sentence?	
10. Are you presently appealing a conviction of a crime punishable by imprisonment for a term exceeding one year?	
11. Are you a fugitive from justice?	
12. Are you an unlawful user of, addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance?	
13. Have you ever been adjudicated mentally defective or have you been committed to a mental institution?	
14. Have you been discharged from the Armed Forces under dishonorable conditions?	
15. Are you an alien illegally in the United States?	
16. Have you ever renounced your United States citizenship?	
17. Are you subject to a court order restraining you from harassing, stalking, or threatening an intimate partner or child of such partner?	
18. Have you been convicted in any court of a misdemeanor of domestic violence? This includes any misdemeanor conviction involving the use or attempted use of physical force committed by a current or former spouse, parent, or guardian of the victim or by a person with a similar relationship with the victim.	

Under penalties imposed by 18 U.S.C. 924, I certify that the statements contained in this renewal application, and any attached statements, are true and correct to the best of my knowledge and belief.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

PRINTED NAME of signature above: \_\_\_\_\_ Telephone no.: \_\_\_\_\_

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This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used to determine location and extent of operations, and to determine whether the operations will be in conformity with Federal laws and regulations. The information requested is required to retain a benefit and is mandatory by statute (18 U.S.C. 923)

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