

FFL no.: _____

FFL Type: _____

Renewal application DUE PRIOR TO: _____

RENEWAL FEE DUE:

CHECK OR MONEY ORDER
AMOUNT ENCLOSED \$ _____
(made payable to ATF) Check Amount

AMOUNT AUTHORIZED TO BE CHARGED
TO THE CREDIT/DEBIT CARD: \$ _____

MAIL APPLICATION & PAYMENT TO:
ATF
P.O. Box 409567
Atlanta, GA 30384-9567

I am requesting that a Letter of Authorization (LOA) be sent to me so I may continue the business/operations authorized by my license until my renewal application is processed and approved.

Method of Payment (Check one):

Check (Enclosed) Cashier's Check or Money Order (Enclosed)

Visa MasterCard American Express Discover Diner's Club

Credit/Debit Card Number: _____

Expiration Date: M. M. Y. Y _____ Name as it appears on the credit/debit card: _____

Credit/Debit Card Billing Address: _____

Signature of Cardholder: _____ Date: _____

Your credit/debit card will be charged the above stated amount upon receipt of your application and a charge from ATF Licensing Fee will be reflected on your credit/debit card statement. In the event a license/permit is NOT issued, the above amount will be credited to the credit/debit card noted above.

NOT RENEWING?

1. Return this application and your firearms records within 30 days of discontinuance of your business to:

ATF Out-of-Business Records Center
244 Needy Road
Martinsburg, WV 25401
1(800)788-7133, x204

(Collector's of Curios or Relics are NOT required to send their firearms records to ATF.)

2. Check the box below and sign & date on the line provided.

I am NOT renewing my license and will submit my records to ATF. I understand I may NOT engage in the business or operations authorized by my license on or after the expiration date of the license.

Signature: _____ Date: _____

A. CURRENT FFL Information

Trade or Business Name * _____

PREMISES Address (Physical location of business or collection.) _____

MAILING Address (The actual business will be mailed to this address.) _____

Telephone Number (business) _____
Telephone Number (fax) _____

24-hour Emergency Telephone Number _____

E-mail Address _____

* Listing your trade or business name with ATF in no way registers such a name, you MUST comply with Federal, State, and local laws regarding trade or business name registration.

Check here for a change to your current FFL Information AND complete the appropriate box below with the updated information.

NEW Trade or Business Name _____

NEW Premises Address _____

NEW Mailing Address _____

NEW Telephone Number (business) _____
NEW Telephone Number (fax) _____

24-hour Emergency Telephone Number _____

E-mail Address _____

B. HOURS OF OPERATION. Please indicate AM for morning hours and PM for afternoon/evening hours when stating your business hours.

NOTE: You do NOT have to list hours of operation if you are a Collector or Gunsmith. If this applies to you, please check the appropriate box below.

Collector of Curios or Relics Gunsmithing activities ONLY

TIME	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

Closed ALL day NO business hours. Closed ALL day NO business hours. Closed ALL day NO business hours. Closed ALL day NO business hours. Closed ALL day NO business hours. Closed ALL day NO business hours. Closed ALL day NO business hours.

WARNING. You may NOT continue the operations authorized by your Federal firearms license (FFL) on or after the expiration date of your license UNLESS you have filed this renewal application PRIOR TO _____. There are criminal penalties for continuing your firearms business or collectors' activities without renewing your license.

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.: _____

PAPERWORK REDUCTION ACT NOTICE

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)

The average burden associated with this collection is 25 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco, Firearms and Explosives, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.