

Application for Federal Firearms License

Part A

1. Applicant's Business/Activity is: Individual Owner (*Sole Proprietor*) Partnership Corporation LLC
 Collector (*which can be an individual/partnership/corporation or LLC*) Other (*specify*) _____

2. Applicant Name (*Enter name of Owner/Sole Proprietor OR Partnership (include name of each partner) OR Corporation Name OR LLC Name*) _____

| | | |
|--|---|--|
| 3. Trade or Business Name(s), if any _____ | 4. Employer Identification Number (EIN), if any (<i>see definition #17</i>) _____ | 5. Name of <u>County</u> in which Business/Activity is Located _____ |
|--|---|--|

| | |
|---|--|
| 6. Business/Activity Address (<i>RFD or Street Number, City, State, and ZIP Code</i>) (<i>NOTE: This address CANNOT be a P.O. Box.</i>) _____ | 7. Mailing Address (<i>if different from address in item #6</i>) _____ |
|---|--|

8. Contact Numbers (*Include Area Code*)

Business/Activity Phone _____ Fax Number _____
 Cell Phone _____ Business Email _____

9. Describe the specific activity applicant is engaged in or intends to engage in, which requires a Federal Firearms License (*sale of ammunition alone does not require a Federal Firearms License*).

10. Application is made for a license under 18 U.S.C. Chapter 44 as a: (*Place an "X" in the appropriate box(es). Multiple license types may be selected- see instruction #8. Submit the fee noted next to the box(es) with the application. Licenses are issued for a 3-year period. See instruction #5 for payment information.*)

| Type | Description of License Type | Fee |
|------|--|---------------------------------|
| 01 | Dealer in Firearms Other than Destructive Devices (<i>Includes: rifles, shotguns, pistols, revolvers, gunsmith activities, and National Firearms Act (NFA) weapons</i>) (<i>see instruction #10</i>) | \$200 <input type="checkbox"/> |
| 02 | Pawnbroker in Firearms Other than Destructive Devices (<i>Includes: rifles, shotguns, pistols, revolvers, gunsmith activities, and National Firearms Act (NFA) weapons</i>) (<i>see instruction #10</i>) | \$200 <input type="checkbox"/> |
| 03 | <u>Collector</u> of Curios and Relics (<i>NOTE: This is not a license to conduct business, see instruction #8</i>) | \$30 <input type="checkbox"/> |
| 06 | Manufacturer of Ammunition for Firearms Other Than Ammunition for Destructive Devices or Armor Piercing Ammunition (<i>see instruction #11</i>) | \$30 <input type="checkbox"/> |
| 07 | Manufacturer of Firearms Other than Destructive Devices (<i>see instruction #11</i>) | \$150 <input type="checkbox"/> |
| 08 | Importer of Firearms Other than Destructive Devices or Ammunition for Firearms Other than Destructive Devices, or Ammunition Other than Armor Piercing Ammunition (<i>NOTE: Importer of handguns and rifles, see instruction #9</i>) | \$150 <input type="checkbox"/> |
| 09 | Dealer in Destructive Devices (<i>see definition #20</i>) | \$3000 <input type="checkbox"/> |
| 10 | Manufacturer of Destructive Devices, Ammunition for Destructive Devices, or Armor Piercing Ammunition (<i>see instruction #11</i>) | \$3000 <input type="checkbox"/> |
| 11 | Importer of Destructive Devices, Ammunition for Destructive Devices, or Armor Piercing Ammunition (<i>see instruction #9</i>) | \$3000 <input type="checkbox"/> |

| | |
|-------------------|----------|
| Total Fees | \$ _____ |
|-------------------|----------|

11. 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 (<i>No dashes</i>) _____ | Name as Printed on Your Credit/Debit Card _____ | Expiration Date (<i>MM/YY</i>) _____ |
|---|---|--|

| | |
|----------------------------|--|
| Credit/Debit Card Address: | _____ |
| Billing Address: | City: _____ State: _____ ZIP Code: _____ |

Please complete to ensure payment is credited to the correct application:

| | |
|--|--|
| I am paying the application fee for the following Person, Corporation, or Partnership: _____ | Total Application Fees: \$ _____ |
|--|--|

I authorize ATF to charge my Credit/Debit Card the above amount. 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 is NOT issued, the above amount will be credited to the credit/debit card noted above.

| | |
|-------------------------|------|
| Signature of Cardholder | Date |
|-------------------------|------|

12. Hours of Operation and/or Availability of Business/Activity (please provide at least one hour in which you can be contacted by ATF personnel)

| Hour(s): Please indicate AM or PM | Sun | Mon | Tues | Wed | Thu | Fri | Sat |
|---|-----|-----|------|-----|-----|-----|-----|
| | | | | | | | |

13. Was the business obtained from someone else? (If "Yes," please provide the name of the previous business and their FFL Number) Yes No

Name of Previous Business _____

Federal Firearms License Number _____

14. Indicate type of business premises

Zoned Residential:

- Single Family Dwelling
- Condominium/Apartment
- Hotel/Motel
- Public Housing

Zoned Commercial:

- Store Front
- Office
- Rod & Gun Club
- Military Installation (see instruction #13-additional information required)
- Other (specify) _____

15. Applicant's business premises is:

- Owned Premises
- Military Installation

Rented/Leased Premises- provide name, telephone number, and address **of the property owner**:

Name _____ Street Address _____
 Telephone Number (with area code) _____ City, State, and ZIP Code _____

16. Do you intend to sell firearms at Gun Shows and/or conduct Internet sales? Yes No

17. Do you intend to use your license ONLY to acquire firearms to enhance your personal collection? Yes No

18. Name of Chief Law Enforcement Officer (CLEO) (Please print the name of the CLEO to whom a copy of this application was provided. See instruction #4 and definition #1.)

19. Address of CLEO (Include Number, Street, City, County, State, and ZIP Code)

county: _____

ATTENTION Chief Law Enforcement Officer (CLEO): This form provides notification of a person's intent to apply for a Federal Firearms License (FFL). It requires no action on your part. However, should you have information that may disqualify the person from obtaining a Federal Firearms License, please contact the Federal Firearms Licensing Center toll free at 1-866-662-2750. Issuance of an FFL in no way guarantees the business or activity is not in violation of State and/or local law.

20. Applicant Certification (Please read **AND INITIAL** each box)

- a. The business/activity to be conducted under the Federal Firearms License is not prohibited by State or local law at the premises shown in item 6. This includes compliance with zoning ordinances. (Please contact your local zoning department PRIOR TO submitting application)
- b. Within 30 days after the application is approved, the business/activity will comply with the requirements of State and local law applicable to the conduct of the business/activity.
- c. Business/activity will not be conducted under the license until the requirements of State and local law applicable to the business/activity have been met.
- d. A completed copy of this application has been sent (mailed or delivered) to the Chief Law Enforcement Officer (CLEO) of the locality in which the premises listed in item 6 is located (see instruction #4 and definition #1).
- e. As required by 18 U.S.C. 923 (d)(1)(G), I certify that secure gun storage or safety devices will be available at any place in which firearms are sold under this Federal Firearms License to persons who are not licensees. (See definition #4) (If applying for a Type 03, Collector of Curios and Relics License ONLY, write "N/A" instead of initialing this certification box.)
- f. Part B of this application has been completed and will be submitted for EACH responsible person (RP) (See definition #3)

21. Certification: Under the penalties imposed by 18 U.S.C. 924, I declare that I have examined this application in its entirety and the documents submitted in support thereof and to the best of my knowledge and belief, they are true, correct, and complete. This signature, when presented by a duly authorized representative of the U.S. Department of Justice, will constitute consent and authority for the appropriate U.S. Department of Justice representative to examine and obtain copies and abstracts of records and to receive statements and information regarding the background of the applicant. Specifically, I hereby authorize the release of the following data or records to ATF: Military information/records, medical information/records, police and criminal records. This certification must be signed by a Responsible Person (see instruction #2 and definition #3).

Print Applicant Name (First, Middle, Last) _____ Applicant Signature _____ Date _____

Check Application Status (For ATF Use Only) Approved Abandoned Withdrawn Denied Reason for Denial: _____

Signature of Licensing Official: _____ Date: _____

1. **EACH RESPONSIBLE PERSON MUST COMPLETE AND SIGN A SEPARATE QUESTIONNAIRE/ATF Form 7/7CR Part B.** In the future, if you need to add an additional Responsible Person (RP) to your FFL, the RP being added may complete this Part B-Responsible Person Questionnaire. If adding a RP to an existing license, be sure to include a signed written request from an existing RP on the license, giving permission to add the new Responsible Person (*see instruction #7*).
2. Issuance of your license or addition as a Responsible Person will be delayed if Part B is incomplete or otherwise improperly prepared.
3. **IMPORTANT!** All new responsible persons must submit a properly prepared FD-258 (*Fingerprint Card*) with this questionnaire. The fingerprints must be clear for accurate classification and taken by someone properly equipped to take them. The FD-258 should include "WVATF1100 ATF-FFLC, MARTINSBURG, WV" in the ORI block to facilitate processing of fingerprints.
4. List any given, married, and maiden names in Item 4, e.g., "Mary Alice (Smith) Jones," not "Mrs. John Jones." (*If additional space is needed, attach a separate sheet. See instruction #1*)

| | |
|--|---|
| 1. License or Applicant Name (<i>From block 2 of Part A</i>) | 2. Federal Firearms License Number (<i>If being added to an existing FFL</i>) |
|--|---|

| | | |
|--|--|-------------------|
| 3. Name of Responsible Person (<i>Last, First, Middle</i>) | 4. Aliases (<i>Include given, married, maiden names</i>) | 5. Position/Title |
|--|--|-------------------|

| | | |
|---------------------------|--|--|
| 6. Social Security Number | 7. Date of Birth (<i>MM/DD/YYYY</i>) | 8. Place of Birth (<i>City & State OR foreign country</i>) |
|---------------------------|--|--|

| | |
|------------------------------|---|
| 9. Current Residence Address | 10. Telephone Number (<i>Personal Contact # with Area Code</i>) |
| 11. E-mail Address | |

| | | | | | |
|---|--|--|-------------------------|--|--|
| 12. Previous Address(es) - Please provide every address you have had in the last five years and dates which you lived at the address(es) (<i>If additional space is needed attach a separate sheet. See instruction #1</i>) | 13. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | 14. Height _____ Feet _____ Inches | 15. Weight (lbs) | 16. Eye Color <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Multiple <input type="checkbox"/> Pink <input type="checkbox"/> Other _____ | 17. Hair Color <input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Sandy <input type="checkbox"/> White <input type="checkbox"/> Other _____ |
| | 18. Ethnicity Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | 19. Race (<i>Please check one or more boxes</i>) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White | | | | |

| For the following questions give full details on a separate sheet for all "Yes" answers (<i>see instruction #1</i>) | Yes | No |
|---|-----|----|
| 20. Have you ever held a Federal Firearms License? (<i>If so, please include FFL#</i>) _____ | | |
| 21. Have you ever been a Responsible Person on a Federal Firearms License? (<i>If so, please include FFL#</i>) _____ | | |
| 22. Have you ever been an officer in a corporation holding a Federal Firearms License? (<i>If so, please include FFL#</i>) _____ | | |
| 23. Have you ever been an employee of a Federal Firearms Licensee? | | |
| 24. Have you ever been denied a Federal Firearms License? | | |
| 25. Have you ever had a Federal Firearms License revoked? | | |
| 26. Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year? (<i>See definition #10</i>) | | |
| 27. Have you ever been convicted in any court for a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? (<i>See definition #10</i>) | | |
| 28. Are you a fugitive from justice? (<i>See definition #11</i>) | | |
| 29. Are you under 21 years of age? | | |
| 30. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? Warning: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside. | | |
| 31. Have you ever been adjudicated as a mental defective OR have you ever been committed to a mental institution? (<i>See definitions #12 and #13</i>) | | |
| 32. Have you been discharged from the Armed Forces under dishonorable conditions? | | |
| 33. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? (<i>See definition #5</i>) | | |
| 34. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? (<i>See definition #7</i>) | | |

35. Country of Citizenship: (Check/List more than one, if applicable. Nationals of the United States may check U.S.A.)

United States of America Other Country/Countries (specify): _____

| | Yes | No |
|---|-----|----|
| 36. Have you ever renounced United States citizenship? | | |
| 37. Are you an alien illegally or unlawfully in the United States? | | |
| 38. a. Are you an alien who has been admitted to the United States under a nonimmigrant visa? (See definition #8) | | |
| b. If "yes", do you fall within any of the exceptions stated in definition #9? Attach supporting documentation to the application. <input type="checkbox"/> N/A | | |

39. If you are an alien, record your U.S.-Issued Alien or Admission number (AR#, USCIS#, or I94#): _____

40. Under the penalties imposed by 18 U.S.C. § 924 and 1001, I declare that I have examined any related documents submitted in regard to this questionnaire/ATF Form 7/7CR Part B, and to the best of my knowledge and belief, they are true, correct and complete. This signature, when presented by a duly authorized representative of the U.S. Department of Justice, will constitute consent and authority for the appropriate U.S. Department of Justice representative to examine and obtain copies and abstracts of records and to receive statements and information regarding my background. Specifically, I hereby authorize the release of the following data or records to ATF: Military information/records, medical information/records, police and criminal records.

Signature

Printed Name

Date

EACH RESPONSIBLE PERSON MUST COMPLETE AND SIGN A SEPARATE QUESTIONNAIRE/ATF FORM 7/7CR PART B

**Attach a 2" X 2"
Photograph Here**

**If you are applying for a Type 03
ONLY a photograph is not required**

1. Photo must have been taken within the last six months.
2. Photo must have been taken in full face view without a hat or head covering that obscures the hair or hairline.
3. On back of photograph print full name, last 4 of SSN, and business address.

If applying for a NEW FFL:
Mail application, fingerprint cards, photographs, and application fees, including a separate questionnaire/Part B for EACH Responsible Person, to:

Bureau of Alcohol, Tobacco, Firearms and Explosives
P.O. Box 409567
Atlanta, GA 30384-9567

If only adding a RP to an existing FFL:
Each Responsible Person being added must complete a separate questionnaire/ATF Form 7/7CR Part B and mail it, along with their fingerprint card and photograph, to: ATF, Attn: FFLC, 244 Needy Rd, Martinsburg, WV 25405. Each questionnaire must be accompanied by a signed written request from a current/existing RP on the license, giving permission to add the Responsible Person.

Type 03 Applicants:
A photograph and fingerprint card are not required if you are applying for a Type 03 Collector of Curios and Relics license only.

Questions:
If you have any questions relating to this form, please contact the ATF Federal Firearms Licensing Center at 1-866-662-2750, or your local ATF Industry Operations Office.

Print Full Name

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used to determine the eligibility of the applicant to engage in certain operations, to determine the 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 in order to obtain or retain a benefit and is mandatory by statute (18 U.S.C. § 923).

The estimated average burden associated with this collection of information is 60 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, Resource Management Staff, 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.

Instructions/Definitions for ATF Form 7 (5310.12)/7CR (5310.16)
(Do not return this sheet when submitting your application)

Issuance of your license will be delayed if the fee is not included or incorrect, or if the application is incomplete or otherwise improperly prepared.

Instructions

1. **Completion of Application** - TYPE or PRINT with ball-point pen. Any attached sheets should:
 - a. be identified at the top of each page with your name and Employer Identification Number or Social Security Number.
 - b. refer to the item/question(s) being answered.
2. **Person Who Signs the Application** - The certification in Part A, item #21 must be signed by a Responsible Person (*see definition #3*).
3. **Release of Information** - This application package requires you to authorize the release of certain information to ATF such as medical information/ records (*see Part A, item #21*). This information is used to determine, for example, whether the applicant has ever been adjudicated as a mental defective or committed to any mental institution. This information is protected by the Privacy Act of 1974.
4. **Chief Law Enforcement Officer (CLEO)** - Applicants must submit a copy of the completed application to the Chief Law Enforcement Officer (CLEO) of the locality in which the premises sought to be licensed is located (*see definition #1*). Part A, item #20d requires certification that a completed copy of the application has been sent.
5. **Payment** - You may pay the application fee by credit/debit card, check, or money order, payable to ATF (*see instruction #14 on the following page for the address to send payment and completed application package*). Do not send cash. Postdated checks are not acceptable. Licenses are issued for a period of three years. No refund of any part of a license fee shall be made where the operations of the license are, for any reason, discontinued during the period.
6. **Fingerprint Cards & Photographs** - The following items must accompany this application. Failure to submit these items will delay processing and may result in denial of the application. **NOTE: A fingerprint card and photograph are NOT required if applying for a Type 03 license only.**
 - a. ATF Form 7/7CR Part B, Responsible Person Questionnaire, must be completed and submitted for ALL responsible persons (*see definition #3*).
 - b. A properly prepared fingerprint card (form FD-258) must be submitted for ALL responsible persons, unless they have previously submitted one as an RP for another FFL. The fingerprints must be clear for accurate classification and taken by someone properly equipped to take them. To facilitate processing of fingerprints, the FD-258 should list "WVATF1100 ATF-FFLC, MARTINSBURG, WV" in the ORI block.
 - c. A 2 inch by 2 inch photograph of EACH responsible person. The photograph should be attached to the back of their ATF Form 7/7CR Part B, Responsible Person Questionnaire. Please ensure that each photograph is clearly identified on the reverse with the full name of the responsible person to whom the photograph applies.
7. **Adding Additional Responsible Persons** - You can use Part B of this application to add a Responsible Person(s) to an existing FFL. You must include a signed written request from a current/existing RP already on the license, giving permission to add the new Responsible Person. We cannot process a form to add an additional RP to an existing license without the written consent from an existing RP on the license giving authorization for this action. If you are only submitting Part B for this purpose, send Part B, along with the Responsible Person's fingerprint card and photograph, to ATF-FFLC, 244 Needy Road, Martinsburg, WV 25405. Only send to this address if you are just adding a Responsible Person(s) to an existing license. Sending an application to obtain a new FFL to this address will result in delays in the processing of your application.
8. **License Types** -
A Type 03 license issued under 18 U.S.C. Chapter 44:
 - a. Is **NOT** a license to carry, use, or possess a firearm.
 - b. Confers **NO** right or privilege to conduct an activity contrary to State or other law.
 - c. Will entitle you to acquire firearms, classified as curios or relics, in interstate or foreign commerce. You may dispose of curios and relics to any person, not otherwise prohibited by the Gun Control Act of 1968, residing within your State, and to any other Federal firearms licensee in any State. It must be emphasized that the collector's license being applied for pertains exclusively to firearms classified as curios and relics, and its purpose is to facilitate a personal collection. You may NOT engage in the business of buying and selling any type of firearm with a type 03 license. Applicants intending to engage in the firearms business should apply for a license other than a Type 03, Collector of Curios and Relics, license.
Type 01, 02, 06, 07, 08, 09, 10, and 11 licenses issued under 18 U.S.C. Chapter 44:
 - a. Are **NOT** licenses to carry, use, or possess a firearm.
 - b. Confer **NO** right or privilege to conduct business or activity contrary to State or other law. State laws or local laws or ordinances may have requirements affecting your proposed firearms business. Contact your State and local authorities for specific information on their requirements.
 - c. Are business licenses, and will **NOT** be issued to an applicant solely intending to enhance a personal firearms collection.
 - d. Are **NOT** licenses to sell ammunition only.
NOTE: Multiple Licenses - You can apply for more than one license if the business is to be conducted at the same location, by checking more than one type of license in Part A, item #10. If business is to be conducted at multiple locations, **a separate application and license fee is required for each business location.**
9. **Imports** - Applicants intending to import firearms and/or ammunition may need to register with ATF under the provisions of the Arms Export Control Act. Contact the Firearms and Explosives Imports Branch at (304) 616-4550 for further information on registration.

10. **National Firearms Act (NFA)/Special Occupational Tax (SOT)** - Applicants intending to deal in, import, or manufacture weapons subject to the NFA (*e.g., machine guns, short-barreled shotguns, silencers, destructive devices, etc.*) are required to pay a SOT (*see definition #18*). Contact the NFA Branch at (304) 616-4500.
11. **Manufacturing** - Generally, persons holding a manufacturer's license (FFL Type 06, 07 or 10) must register as a manufacturer with the Department of State unless exempted by the Directorate of Defense Trade Control (DDTC), regardless of whether the manufacturer actually exports any of the items manufactured. Therefore, applicants intending to manufacture and/or export defense articles, as defined on the United States Munitions List (Part 121 of the ITAR), may need to register with Directorate of Defense Trade Controls (DDTC). Questions should be directed to the DDTC at 202-663-2980 or www.pmdtce.state.gov.
12. **Denial of Application** - If you do not qualify for a license, you will be advised in writing of the reasons for denial and your application fee will be refunded.
13. **Military Installation** - If "Military Installation" was selected in Part A, item #14 as the type of business premises, you must attach a copy of written authorization from the Base Commander to conduct a firearms business on the military installation.
14. **Where to Send Application** - MAKE A COPY OF YOUR COMPLETED APPLICATION FOR YOUR RECORDS, THEN FORWARD THE APPLICATION WITH FEE, ONE ATF FORM 7/7CR PART B, RESPONSIBLE PERSON QUESTIONNAIRE, FOR EACH RESPONSIBLE PERSON (WITH PROPERLY IDENTIFIED PHOTO ATTACHED), AND FINGERPRINT CARD(S) TO:

BUREAU OF ALCOHOL, TOBACCO, FIREARMS AND EXPLOSIVES
P.O. BOX 409567
ATLANTA, GA 30384-9567
15. **Contact Us** - If you have any questions relating to this application, please contact the ATF Federal Firearms Licensing Center, 244 Needy Road, Martinsburg, WV 25405, Toll free 1-866-662-2750, or your local ATF Industry Operations Office. Contact information for your local office can be found at WWW.ATF.GOV.

Definitions

1. **Chief Law Enforcement Officer** - The Chief of Police, Sheriff, or an equivalent designee of such individual, of the locality in which the premises sought to be licensed, is located.
2. **Licensed Collector** - A collector of curios and relics only and licensed under the provisions of 18 U.S.C. 923. You may not use the license to obtain firearms that are not classified as curios and relics. Collectors are not licensed to conduct any business.
3. **Responsible Person** - In addition to a Sole Proprietor, a Responsible Person is, in the case of a Corporation, Partnership, or Association, any individual possessing, directly or indirectly, the power to direct or cause the direction of the management, policies, and practices of the Corporation, Partnership, or Association, insofar as they pertain to firearms.
4. **Secure Gun Storage or Safety Device** - (A) a device that, when installed on a firearm, is designed to prevent the firearm from being operated without first deactivating the device; (B) a device incorporated into the design of the firearm that is designed to prevent the operation of the firearm by anyone not having access to the device; or (C) a safe, gun safe, gun case, lock box, or other device that is designed to be or can be used to store a firearm and that is designed to be unlocked only by means of a key, a combination, or other similar means.
5. **Restraining Order** - Under 18 U.S.C. § 922(g)(8), firearms may not be possessed or received by persons subject to a court order that: (A) was issued after a hearing of which the person received actual notice and had an opportunity to participate in; (B) restrains such person from harassing, stalking, or threatening an intimate partner or child of such intimate partner or person, or engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to the partner or child; and (C)(i) includes a finding that such person represents a credible threat to the physical safety of such intimate partner or child, or (ii) by its terms explicitly prohibits the use, attempted use, or threatened use of physical force against such intimate partner or child that would reasonably be expected to cause bodily injury.
6. **Intimate Partner** - With respect to a person, the spouse of the person, a former spouse of the person, an individual who is a parent of a child of the person, or an individual who cohabitates or has cohabitated with the person.
7. **Misdemeanor Crime of Domestic Violence** - A Federal, State, local, or tribal offense that is a misdemeanor under Federal, State, or tribal law and has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person cohabitating with, or has cohabitated with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim. The term includes all misdemeanors that have as an element the use or attempted use of physical force or the threatened use of a deadly weapon (*e.g., assault and*

battery), if the offense is committed by one of the defined parties. (See *Exception in the definition of "Prohibited Person"*). A person who has been convicted of a misdemeanor crime of domestic violence also is not prohibited unless; (1) the person was represented by a lawyer or gave up the right to a lawyer; or (2) if the person was entitled to a jury, was tried by a jury, or gave up the right to a jury trial. Persons subject to this exception should mark "no" in the applicable box.

8. **An Alien Admitted to the United States Under a Nonimmigrant Visa** - Includes, among others, persons visiting the United States temporarily for business or pleasure, persons studying in the United States who maintain a residence abroad, and certain temporary foreign workers. The definition does **NOT** include permanent resident aliens nor does it apply to nonimmigrant aliens admitted to the United States pursuant to either the Visa Waiver Program or to regulations otherwise exempting them from visa requirements.
9. **Exceptions to Prohibition on Aliens Admitted Under a Nonimmigrant Visa** - An alien admitted to the United States under a nonimmigrant visa is not prohibited from purchasing, receiving, or possessing a firearm if the alien: (1) is in possession of a hunting license or permit lawfully issued by the Federal Government, a State, or local government, or an Indian tribe federally recognized by the Bureau of Indian Affairs, which is valid and unexpired; (2) was admitted to the United States for lawful hunting or sporting purposes; (3) has received a waiver from the prohibition from the Attorney General of the United States; (4) is an official representative of a foreign government who is accredited to the United States Government or the Government's mission to an international organization having its headquarters in the United States; (5) is en route to or from another country to which that alien is accredited; (6) is an official of a foreign government or a distinguished foreign visitor who has been so designated by the Department of State; or (7) is a foreign law enforcement officer of a friendly foreign government entering the United States on official law enforcement business.
10. **Prohibited Person** - Generally, 18. U.S.C. § 922 (g) prohibits the shipment, transportation, receipt, or possession in or affecting interstate commerce of a firearm by one who: has been convicted of a misdemeanor crime of domestic violence; has been convicted of a felony, or any other crime, punishable by imprisonment for a term exceeding one year (*this does not include State misdemeanors punishable by imprisonment of two years or less*); is a fugitive from justice, is an unlawful user of, or addicted to, marijuana or any depressant, stimulant, or narcotic drug, or any other controlled substance; has been adjudicated as a mental defective or has been committed to a mental institution; has been discharged from the Armed Forces under dishonorable conditions, has renounced his or her U.S. citizenship; is an alien illegally in the United States or an alien admitted to the United States under a nonimmigrant visa; or is subject to certain restraining orders. Furthermore, Section 922 (n) prohibits the shipment, transportation, or receipt in or affecting interstate commerce of a firearm by one who is under indictment or information for a felony in any Federal, State or local court, or any other crime, punishable by imprisonment for a term exceeding one year. An information is a formal accusation of a crime verified by a prosecutor.

EXCEPTION: A person who has been convicted of a felony, or any other crime, for which the judge could have imprisoned the person for more than one year, or who has been convicted of a misdemeanor crime of domestic violence, is not prohibited from purchasing, receiving, or possessing a firearm if: (1) under the law of the jurisdiction where the conviction occurred, the person has been pardoned, the conviction has been expunged or set aside, or the person has had their civil rights (*the right to vote, sit on a jury, and hold public office*) taken away and later restored AND (2) the person is not prohibited by the law of the jurisdiction where the conviction occurred from receiving or possessing firearms. Persons subject to this exception should mark "no" in the applicable box.

11. **Fugitive From Justice** - Any person who has fled from any State to avoid prosecution for a felony or a misdemeanor, or any person who leaves the State to avoid giving testimony in any criminal proceeding. The term also includes any person who knows that misdemeanor or felony charges are pending against such person and who leaves the State of prosecution.
12. **Adjudicated as a Mental Defective** - A determination by a court, board, commission, or other lawful authority that a person, as a result of marked subnormal intelligence, or mental illness, incompetency, condition, or disease: (1) is a danger to himself or to others; or (2) lacks the mental capacity to contract or manage his own affairs. This term shall include: (1) a finding of insanity by a court in a criminal case; and (2) those persons found incompetent to stand trial or found not guilty by reason of lack of mental responsibility.
13. **Committed to a Mental Institution** - A formal commitment of a person to a mental institution by a court, board, commission, or other lawful authority. The term includes a commitment to a mental institution involuntarily. The term includes commitment for mental defectiveness or mental illness. It also includes commitments for other reasons, such as for drug use. The term does not include a person in a mental institution for observation or a voluntary admission to a mental institution.

EXCEPTION: Under the NICS Improvement Amendments Act of 2007, a person who has been adjudicated as a mental defective or committed to a mental institution in a State proceeding is not prohibited by the adjudication or commitment if the person has been granted relief by the adjudicating/committing State pursuant to a qualifying mental health relief from disabilities program. Also, a person who has been adjudicated as a mental defective or committed to a mental institution by a department or agency of the Federal Government is not prohibited by the adjudication or commitment if either: (a) the person's adjudication or commitment was set-aside or expunged by the adjudicating/committing agency; (b) the person has been fully released or discharged from all mandatory treatment, supervision, or monitoring by the agency; (c) the person was found by the agency to no longer suffer from the mental health condition that served as the basis of the initial adjudication/commitment; (d) the adjudication or commitment, respectively, is based solely on a medical finding of disability, without an opportunity for a hearing by a court, board, commission, or other lawful authority, and the person has not been adjudicated as a mental defective consistent with section 922(g)(4) of title 18, United States Code; or (e) the person was granted relief from the adjudicating/committing agency pursuant to a qualified mental health relief from disabilities program. Persons who fall within one of the above exceptions should mark "no" in the applicable box. This exception to an adjudication or commitment by a Federal department or agency does **not** apply to any person who was adjudicated to be not guilty by reason of insanity, or based on a lack of mental responsibility, or found incompetent to stand trial, in any criminal case or under the Uniform Code of Military Justice.

14. **Gun Control Act (GCA)** - Title 18, United States Code, Chapter 44. The implementing regulations are found in Title 27, Code of Federal Regulations, Part 478.
15. **Firearm** - The term “firearm” means: (A) any weapon (*including a starter gun*) which will or is designed to or may readily be converted to expel a projectile by the action of an explosive; (B) the frame or receiver of any such weapon; (C) any firearm muffler or firearm silencer; or (D) any destructive device. Such term does not include an antique firearm.
16. **Federal Firearms License (FFL)** - A license issued under the provisions of the GCA to manufacture, import, or deal in firearms.
17. **Employer Identification Number (EIN)** - An EIN is also known as a Federal Tax Identification Number, and is used to identify a business entity. Generally, businesses need an EIN. For more information on who needs an EIN and how to apply for one, go to www.IRS.gov or refer to 27 CFR § 179.35.
18. **Special (Occupational) Tax (SOT)** - Required by the National Firearms Act to be paid by a Federal firearms licensee engaged in the business of importing, manufacturing, or dealing in NFA firearms. Questions regarding SOT should be directed to the ATF NFA Branch at (304) 616-4500.

Privacy Act Information

The following information is provided pursuant to Section 3 of the Privacy Act of 1974 (5 U.S.C. § 552 a(e)(3)):

1. **Authority:** Solicitation of this information is authorized pursuant to 18 U.S.C. § 923(a) of the Gun Control Act of 1968. Disclosure of this information is mandatory if the applicant wishes to obtain a Federal Firearms License. System of Record Notice (SORN) Justice/ATF-008 Regulatory Enforcement Record System FR Vol. 68 No. 163558 dated January 24, 2003.
2. **Purpose:** To determine the identity and eligibility of the applicant to obtain a Federal Firearms License, the identity and eligibility of all responsible persons, the ownership of the business, the type of firearms or ammunition to be dealt in, the business hours, and the business history.
3. **Routine Uses:** The information will be used by ATF to make determinations set forth in paragraph 2. In addition, information may be disclosed to other Federal, State, foreign and local law enforcement and regulatory agency personnel to verify information on the application and to aid in the performance of their duties with respect to the enforcement and regulation of firearms and/or ammunition where such disclosure is not prohibited by law. The information may further be disclosed to the Justice Department if it appears that the furnishing of false information may constitute a violation of Federal law. Finally, the information may be disclosed to members of the public in order to verify the information on the application when such disclosure is not prohibited by law.
4. **Effects of Not Supplying Information Requested:** Failure to supply complete information will delay processing and may result in denial of the application.

Application for Federal Firearms License

Part A

1. Applicant's Business/Activity is: Individual Owner (*Sole Proprietor*) Partnership Corporation LLC
 Collector (*which can be an individual/partnership/corporation or LLC*) Other (*specify*) _____

2. Applicant Name (*Enter name of Owner/Sole Proprietor OR Partnership (include name of each partner) OR Corporation Name OR LLC Name*) _____

| | | |
|---|---|--|
| 3. Trade or Business Name(s), <i>if any</i> | 4. Employer Identification Number (EIN), <i>if any (see definition #17)</i> | 5. Name of <u>County</u> in which Business/Activity is Located |
|---|---|--|

| | |
|---|--|
| 6. Business/Activity Address (<i>RFD or Street Number, City, State, and ZIP Code</i>) (<i>NOTE: This address CANNOT be a P.O. Box.</i>) | 7. Mailing Address (<i>if different from address in item #6</i>) |
|---|--|

8. Contact Numbers (*Include Area Code*)

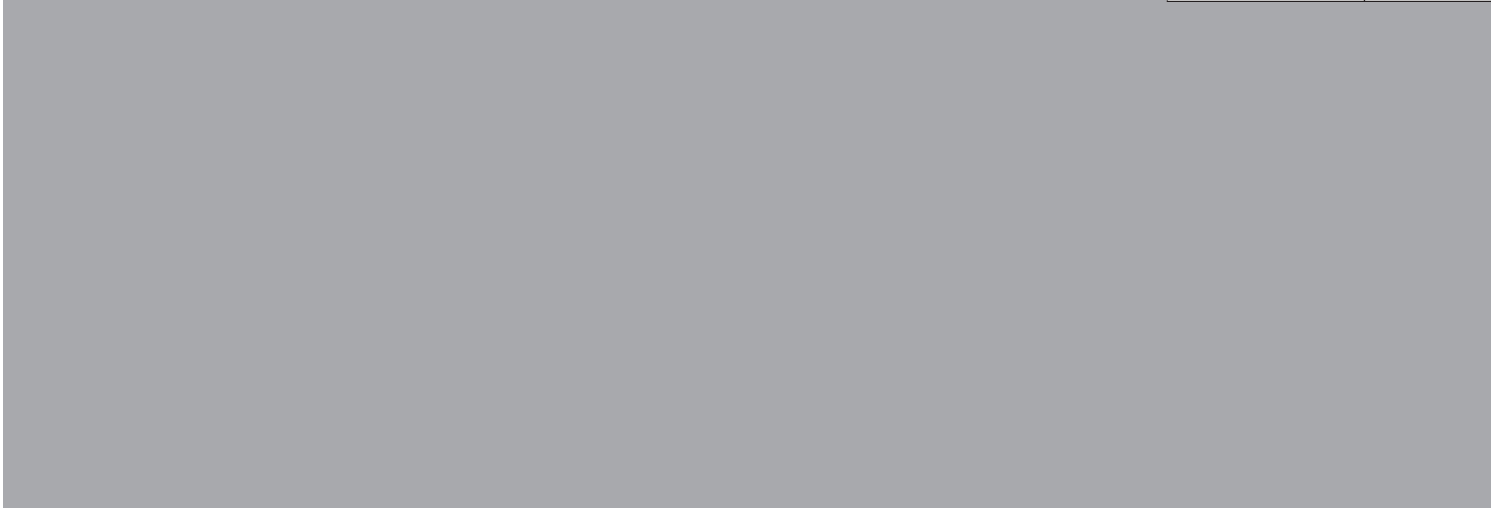
Business/Activity Phone _____ Fax Number _____
Cell Phone _____ Business Email _____

9. Describe the specific activity applicant is engaged in or intends to engage in, which requires a Federal Firearms License (sale of ammunition alone does not require a Federal Firearms License).

10. Application is made for a license under 18 U.S.C. Chapter 44 as a: (*Place an "X" in the appropriate box(es). Multiple license types may be selected- see instruction #8. Submit the fee noted next to the box(es) with the application. Licenses are issued for a 3-year period. See instruction #5 for payment information.*)

| Type | Description of License Type | Fee |
|------|--|---------------------------------|
| 01 | Dealer in Firearms Other than Destructive Devices (<i>Includes: rifles, shotguns, pistols, revolvers, gunsmith activities, and National Firearms Act (NFA) weapons</i>) (<i>see instruction #10</i>) | \$200 <input type="checkbox"/> |
| 02 | Pawnbroker in Firearms Other than Destructive Devices (<i>Includes: rifles, shotguns, pistols, revolvers, gunsmith activities, and National Firearms Act (NFA) weapons</i>) (<i>see instruction #10</i>) | \$200 <input type="checkbox"/> |
| 03 | <u>Collector</u> of Curios and Relics (<i>NOTE: This is not a license to conduct business, see instruction #8</i>) | \$30 <input type="checkbox"/> |
| 06 | Manufacturer of Ammunition for Firearms Other Than Ammunition for Destructive Devices or Armor Piercing Ammunition (<i>see instruction #11</i>) | \$30 <input type="checkbox"/> |
| 07 | Manufacturer of Firearms Other than Destructive Devices (<i>see instruction #11</i>) | \$150 <input type="checkbox"/> |
| 08 | Importer of Firearms Other than Destructive Devices or Ammunition for Firearms Other than Destructive Devices, or Ammunition Other than Armor Piercing Ammunition (<i>NOTE: Importer of handguns and rifles, see instruction #9</i>) | \$150 <input type="checkbox"/> |
| 09 | Dealer in Destructive Devices (<i>see definition #20</i>) | \$3000 <input type="checkbox"/> |
| 10 | Manufacturer of Destructive Devices, Ammunition for Destructive Devices, or Armor Piercing Ammunition (<i>see instruction #11</i>) | \$3000 <input type="checkbox"/> |
| 11 | Importer of Destructive Devices, Ammunition for Destructive Devices, or Armor Piercing Ammunition (<i>see instruction #9</i>) | \$3000 <input type="checkbox"/> |

| | | |
|--|-------------------|----|
| | Total Fees | \$ |
|--|-------------------|----|



12. Hours of Operation and/or Availability of Business/Activity (please provide at least one hour in which you can be contacted by ATF personnel)

| Hour(s): Please indicate AM or PM | Sun | Mon | Tues | Wed | Thu | Fri | Sat |
|---|-----|-----|------|-----|-----|-----|-----|
| | | | | | | | |

13. Was the business obtained from someone else? (If "Yes," please provide the name of the previous business and their FFL Number) Yes No

Name of Previous Business _____

Federal Firearms License Number _____

14. Indicate type of business premises

Zoned Residential:

- Single Family Dwelling
- Condominium/Apartment
- Hotel/Motel
- Public Housing

Zoned Commercial:

- Store Front
- Office
- Rod & Gun Club
- Military Installation (see instruction #13-additional information required)
- Other (specify) _____

15. Applicant's business premises is:

- Owned Premises
- Military Installation

Rented/Leased Premises- provide name, telephone number, and address **of the property owner:**

| | |
|---|---------------------------------|
| Name _____ | Street Address _____ |
| Telephone Number (with area code) _____ | City, State, and ZIP Code _____ |

16. Do you intend to sell firearms at Gun Shows and/or conduct Internet sales? Yes No

17. Do you intend to use your license ONLY to acquire firearms to enhance your personal collection? Yes No

18. Name of Chief Law Enforcement Officer (CLEO) (Please print the name of the CLEO to whom a copy of this application was provided. See instruction #4 and definition #1.)

19. Address of CLEO (Include Number, Street, City, County, State, and ZIP Code)

county: _____

ATTENTION Chief Law Enforcement Officer (CLEO): This form provides notification of a person's intent to apply for a Federal Firearms License (FFL). It requires no action on your part. However, should you have information that may disqualify the person from obtaining a Federal Firearms License, please contact the Federal Firearms Licensing Center toll free at 1-866-662-2750. Issuance of an FFL in no way guarantees the business or activity is not in violation of State and/or local law.

20. Applicant Certification (Please read **AND INITIAL** each box)

- a. The business/activity to be conducted under the Federal Firearms License is not prohibited by State or local law at the premises shown in item 6. This includes compliance with zoning ordinances. (Please contact your local zoning department PRIOR TO submitting application)
- b. Within 30 days after the application is approved, the business/activity will comply with the requirements of State and local law applicable to the conduct of the business/activity.
- c. Business/activity will not be conducted under the license until the requirements of State and local law applicable to the business/activity have been met.
- d. A completed copy of this application has been sent (mailed or delivered) to the Chief Law Enforcement Officer (CLEO) of the locality in which the premises listed in item 6 is located (see instruction #4 and definition #1).
- e. As required by 18 U.S.C. 923 (d)(1)(G), I certify that secure gun storage or safety devices will be available at any place in which firearms are sold under this Federal Firearms License to persons who are not licensees. (See definition #4) (If applying for a Type 03, Collector of Curios and Relics License ONLY, write "N/A" instead of initialing this certification box.)
- f. Part B of this application has been completed and will be submitted for EACH responsible person (RP) (See definition #3)

21. Certification: Under the penalties imposed by 18 U.S.C. 924, I declare that I have examined this application in its entirety and the documents submitted in support thereof and to the best of my knowledge and belief, they are true, correct, and complete. This signature, when presented by a duly authorized representative of the U.S. Department of Justice, will constitute consent and authority for the appropriate U.S. Department of Justice representative to examine and obtain copies and abstracts of records and to receive statements and information regarding the background of the applicant. Specifically, I hereby authorize the release of the following data or records to ATF: Military information/records, medical information/records, police and criminal records. This certification must be signed by a Responsible Person (see instruction #2 and definition #3).

Print Applicant Name (First, Middle, Last) _____ Applicant Signature _____ Date _____

Check Application Status (For ATF Use Only) Approved Abandoned Withdrawn Denied Reason for Denial: _____

Signature of Licensing Official: _____ Date: _____

1. **EACH RESPONSIBLE PERSON MUST COMPLETE AND SIGN A SEPARATE QUESTIONNAIRE/ATF Form 7/7CR Part B.** In the future, if you need to add an additional Responsible Person (RP) to your FFL, the RP being added may complete this Part B-Responsible Person Questionnaire. If adding a RP to an existing license, be sure to include a signed written request from an existing RP on the license, giving permission to add the new Responsible Person (*see instruction #7*).
2. Issuance of your license or addition as a Responsible Person will be delayed if Part B is incomplete or otherwise improperly prepared.
3. **IMPORTANT!** All new responsible persons must submit a properly prepared FD-258 (*Fingerprint Card*) with this questionnaire. The fingerprints must be clear for accurate classification and taken by someone properly equipped to take them. The FD-258 should include "WVATF1100 ATF-FFLC, MARTINSBURG, WV" in the ORI block to facilitate processing of fingerprints.
4. List any given, married, and maiden names in Item 4, e.g., "Mary Alice (Smith) Jones," not "Mrs. John Jones." (*If additional space is needed, attach a separate sheet. See instruction #1*)

| | |
|--|---|
| 1. License or Applicant Name (<i>From block 2 of Part A</i>) | 2. Federal Firearms License Number (<i>If being added to an existing FFL</i>) |
|--|---|

| | | |
|--|--|-------------------|
| 3. Name of Responsible Person (<i>Last, First, Middle</i>) | 4. Aliases (<i>Include given, married, maiden names</i>) | 5. Position/Title |
|--|--|-------------------|

| | | |
|---------------------------|--|--|
| 6. Social Security Number | 7. Date of Birth (<i>MM/DD/YYYY</i>) | 8. Place of Birth (<i>City & State OR foreign country</i>) |
|---------------------------|--|--|

| | |
|------------------------------|---|
| 9. Current Residence Address | 10. Telephone Number (<i>Personal Contact # with Area Code</i>) |
| 11. E-mail Address | |

| | | | | | |
|---|---|--|-------------------------|--|--|
| 12. Previous Address(es) - Please provide every address you have had in the last five years and dates which you lived at the address(es) (<i>If additional space is needed attach a separate sheet. See instruction #1</i>) | 13. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | 14. Height _____ Feet _____ Inches | 15. Weight (lbs) | 16. Eye Color <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Multiple <input type="checkbox"/> Pink <input type="checkbox"/> Other _____ | 17. Hair Color <input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Sandy <input type="checkbox"/> White <input type="checkbox"/> Other _____ |
| 18. Ethnicity Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No | | 19. Race (<i>Please check one or more boxes</i>) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White | | | |

| For the following questions give full details on a separate sheet for all "Yes" answers (<i>see instruction #1</i>) | Yes | No |
|---|-----|----|
| 20. Have you ever held a Federal Firearms License? (<i>If so, please include FFL#</i>) _____ | | |
| 21. Have you ever been a Responsible Person on a Federal Firearms License? (<i>If so, please include FFL#</i>) _____ | | |
| 22. Have you ever been an officer in a corporation holding a Federal Firearms License? (<i>If so, please include FFL#</i>) _____ | | |
| 23. Have you ever been an employee of a Federal Firearms Licensee? | | |
| 24. Have you ever been denied a Federal Firearms License? | | |
| 25. Have you ever had a Federal Firearms License revoked? | | |
| 26. Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year? (<i>See definition #10</i>) | | |
| 27. Have you ever been convicted in any court for a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? (<i>See definition #10</i>) | | |
| 28. Are you a fugitive from justice? (<i>See definition #11</i>) | | |
| 29. Are you under 21 years of age? | | |
| 30. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? Warning: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside. | | |
| 31. Have you ever been adjudicated as a mental defective OR have you ever been committed to a mental institution? (<i>See definitions #12 and #13</i>) | | |
| 32. Have you been discharged from the Armed Forces under dishonorable conditions? | | |
| 33. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? (<i>See definition #5</i>) | | |
| 34. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? (<i>See definition #7</i>) | | |

35. Country of Citizenship: (Check/List more than one, if applicable. Nationals of the United States may check U.S.A.)

United States of America Other Country/Countries (specify): _____

| | Yes | No |
|---|-----|----|
| 36. Have you ever renounced United States citizenship? | | |
| 37. Are you an alien illegally or unlawfully in the United States? | | |
| 38. a. Are you an alien who has been admitted to the United States under a nonimmigrant visa? (See definition #8) | | |
| b. If "yes", do you fall within any of the exceptions stated in definition #9? Attach supporting documentation to the application. <input type="checkbox"/> N/A | | |

39. If you are an alien, record your U.S.-Issued Alien or Admission number (AR#, USCIS#, or I94#): _____

40. Under the penalties imposed by 18 U.S.C. § 924 and 1001, I declare that I have examined any related documents submitted in regard to this questionnaire/ATF Form 7/7CR Part B, and to the best of my knowledge and belief, they are true, correct and complete. This signature, when presented by a duly authorized representative of the U.S. Department of Justice, will constitute consent and authority for the appropriate U.S. Department of Justice representative to examine and obtain copies and abstracts of records and to receive statements and information regarding my background. Specifically, I hereby authorize the release of the following data or records to ATF: Military information/records, medical information/records, police and criminal records.

Signature

Printed Name

Date

EACH RESPONSIBLE PERSON MUST COMPLETE AND SIGN A SEPARATE QUESTIONNAIRE/ATF FORM 7/7CR PART B

**Attach a 2" X 2"
Photograph Here**

**If you are applying for a Type 03
ONLY a photograph is not required**

1. Photo must have been taken within the last six months.
2. Photo must have been taken in full face view without a hat or head covering that obscures the hair or hairline.
3. On back of photograph print full name, last 4 of SSN, and business address.

If applying for a NEW FFL:

Mail application, fingerprint cards, photographs, and application fees, including a separate questionnaire/Part B for EACH Responsible Person, to:

Bureau of Alcohol, Tobacco, Firearms and Explosives
P.O. Box 409567
Atlanta, GA 30384-9567

If only adding a RP to an existing FFL:

Each Responsible Person being added must complete a separate questionnaire/ATF Form 7/7CR Part B and mail it, along with their fingerprint card and photograph, to: ATF, Attn: FFLC, 244 Needy Rd, Martinsburg, WV 25405. Each questionnaire must be accompanied by a signed written request from a current/existing RP on the license, giving permission to add the Responsible Person.

Type 03 Applicants:

A photograph and fingerprint card are not required if you are applying for a Type 03 Collector of Curios and Relics license only.

Questions:

If you have any questions relating to this form, please contact the ATF Federal Firearms Licensing Center at 1-866-662-2750, or your local ATF Industry Operations Office.

Print Full Name

Paperwork Reduction Act Notice

This request is in accordance with the Paperwork Reduction Act of 1995. The information collection is used to determine the eligibility of the applicant to engage in certain operations, to determine the 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 in order to obtain or retain a benefit and is mandatory by statute (18 U.S.C. § 923).

The estimated average burden associated with this collection of information is 60 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, Resource Management Staff, 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.