APPLICATION MADE BY: INDIVIDUAL BUSINESS FIRM GOVERNMENT ENTITY

Application for Machine Gun Registration Commonwealth of Virginia Department of State Police SEE INSTRUCTIONS ON BACK OF FORM

REGISTRATION NUMBER

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\square NEW		$\ \square \ TRANSFER$	☐ TEMPORARY
	☐ DUPLICATE	☐ TRANSFER	☐ TEMPORAR

PART A Applicant Information						
FIRST NAME, MIDDLE NAME, LAST NAME						
STREET ADDRESS, CITY, STATE, ZIP CODE						
MAILING ADDRESS, IF DIFFERENT THAN STREET ADDRESS						
ADDRESS WHERE THE MACHIINE GUN IS PHYSICALLY LOCATED IF OT	HER THAN STREET ADDRESS LISTED ON THIS APPLICATION					
AREA CODE + TELEPHONE NUMBER DATE OF	BIRTH OCCUPATION					
BUSINESS FIRM OR GOVERNMENT ENTITY NAME (IF APPLICABLE)	BUSINESS FIRM OR GOVERNMENT ENTITY ADDRESS (IF APPLICABLE)					
FIREARMS DEALER IDENTIFICATION NUMBER (DIN) (IF APPLICABLE) DIN NAME AND ADDRESS (IF APPLICABLE)						
PART B Machine Gun Information						
MACHINE GUN ACQUIRED FROM (FULL NAME OF INDIVIDUAL OR COME	PANY) MACHINE GUN ACQUIRED FROM (STREET ADDRESS, CITY, STATE, ZIP)					
DATE ACQUIRED OR DATE TRANFERRED TO VIRGINIA PURP	OSE ACQUIRED FOR (MUST COMPLY WITH SECTION 18.2-291 OF THE CODE OF VIRGINIA)					
MACHINE GUN MAKE/MODEL NAME CALIE	BER MODEL NUMBER SERIAL NUMBER					
NAME OF ORIGINAL MANUFACTURER OR IMPORTER ADDR	ESS OF ORIGINAL MANUFACTURER OR IMPORTER(STREET ADDRESS, CITY STATE, ZIP)					
PART C Temporary Registration (Part A and Part B m	ust be completed.)					
	END DATE MACHINE GUN WILL BE IN VIRGINIA CATION MUST BE NOTARIZED					
	the information contained herein is true and accurate to the best of my knowledge.					
	SIGNATURE OF APPLICANT					
STATE OF COUNTY/CITY OF	(Seal)					
SUBSCRIBED AND SWORN TO BEFORE ME THIS DAY OF	• • • • • • • • • • • • • • • • • • • •					
MY COMMISSION EXPIRESDAY OF YEAR	SIGNATURE OF NOTARY PUBLIC					

INSTRUCTIONS FOR FILING MACHINE GUN REGISTRATION APPLICATION (SP-115)

Pursuant to the provisions of Title 18.2, Chapter 7, Article 5 of the <u>Code of Virginia</u>, as amended, every machine gun in the State shall be registered with the Department of State Police within 24 hours after its acquisition. A certificate of registration (SP-160), valid as long as the registrant remains the same, shall be issued upon receipt of a completed registration application. Failure to keep or produce such certificate for inspection, by any peace officer, shall be a Class 3 misdemeanor. Upon transferring a registered machine gun, the transferor shall forthwith notify the Superintendent, in writing, setting forth the date of transfer and name and address of the transferee. Transfer of ownership may be reported via instructions provided on the certificate of registration (reverse side). Failure to give the required notification shall constitute a Class 3 misdemeanor.

Prompt notice to this agency of any change of information pertaining to this registration; e.g., change of address, telephone number, etc., is requested. An updated certificate of registration will be provided upon change of address.

NAME OF APPLICANT AND ADDRESS Insert full name of applicant, date of birth, complete street address and telephone number. Include the complete street address where the machine gun is located if other than the residence address of the applicant.

OCCUPATION State specific occupation; e.g., electrician, carpenter, police officer, etc. Do not use Titles or Ranks such as Vice President, Captain, Owner, etc.

BUSINESS FIRM OR GOVERNMENT ENTITY NAME To be completed if the machine gun is to be located at the registrant's place of business or government entity.

DEALER IDENTIFICATION NUMBER (DIN) To be completed if the registrant is a licensed firearms dealer registered with the State Police Firearms Transaction Center.

MACHINE GUN ACQUIRED FROM Full name and address of the individual or company the machine gun was acquired from, date of acquisition.

PURPOSE ACQUIRED FOR The purpose must comply with the provisions of Virginia Code § 18.2-291.

MACHINE GUN MAKE AND MODEL, CALIBER, MODEL NUMBER, SERIAL NUMBER (self-explanatory) Machine guns modified by the installation of a sear kit must be registered. Registration is *not* required for the sear kit itself.

NAME AND ADDRESS OF ORIGINAL MANUFACTURER OR IMPORTER OF THE MACHINE GUN (self-explanatory)

TEMPORARY REGISTRATION List the dates the machine gun will be located in Virginia. This application must contain the address where the machine gun will be housed while in Virginia. Include multiple addresses if applicable. Applications for temporary certificates of registration may be submitted up to 30-days in advance of date machine gun will be in Virginia.

APPLICANT CERTIFICATION Must be completed, including a LEGIBLE signature of the application. Application must be notarized.

Forward the completed application to:

VIRGINIA STATE POLICE
Firearms Transaction Center
Criminal Justice Information Services Division
Post Office Box 85608
Richmond, Virginia 23285-5608

QUESTIONS OR COMMENTS SHOULD BE DIRECTED TO THE FIREARMS TRANSACTION CENTER, CRIMINAL JUSTICE INFORMATION SERVICES DIVISION:

Telephone: (804) 674-2675 Fax: 804-674-2791 Email: firearms@vsp.virginia.gov