

# Application for Machine Gun Registration Commonwealth of Virginia - Department of State Police

**Application made by:**

- Individual
- Business Firm
- Government Entity

<b>Official Use Only</b>
MG- _____
Registration Number
Type Reg. _____
New/Duplicate/Transfer

NAME OF APPLICANT AND MAILING ADDRESS: (Type or Print)

DATE OF BIRTH

FIRST	MIDDLE	LAST	MONTH/DAY/YEAR
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STREET ADDRESS Area Code (____) _____	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	IF P. O. BOX IS SHOWN ABOVE, STREET ADDRESS MUST BE GIVEN HERE		

ADDRESS WHERE THE MACHINE GUN IS LOCATED, IF OTHER THAN THE PERMANENT ADDRESS LISTED ON THIS APPLICATION

OCCUPATION AND EMPLOYER \_\_\_\_\_

BUSINESS OR GOVERNMENT ENTITY NAME	DEALER IDENTIFICATION NUMBER (DIN)
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STREET ADDRESS	CITY	STATE	ZIP CODE
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MACHINE GUN ACQUIRED FROM (Full Name of Individual or Company)	DATE ACQUIRED
	MONTH/DAY/YEAR

STREET ADDRESS	CITY	STATE	ZIP CODE
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PURPOSE ACQUIRED FOR: (PURPOSE MUST COMPLY WITH §18.2-291)

MACHINE GUN MAKE AND MODEL NAME	CALIBER	MODEL NUMBER	SERIAL NUMBER
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NAME AND ADDRESS OF ORIGINAL MANUFACTURER OR IMPORTER OF THE MACHINE GUN

STREET ADDRESS	CITY	STATE	ZIP CODE
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I \_\_\_\_\_ attest that the information contained herein is true and accurate to the best of my knowledge.

Name of Applicant (Type or Print)

Signature of Applicant

State of \_\_\_\_\_ County/City of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

My commission expires \_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

Signature of Notary Public