

U.S. Department of Justice  
Bureau of Alcohol, Tobacco, Firearms and Explosives

# Application for Tax Paid Transfer and Registration of Firearm

ATF Control Number 2019133245

SUBMIT in DUPLICATE to:



vision  
co. Firearms and Explosives, P.O. Box 5015, Portland, OR 97208-5015

1. Type of Transfer (Check one)

\$5  \$200

Submit the appropriate tax pay  
The tax may be paid by credit or  
order. Please complete it  
the application, we will affi  
National Firearms Act stamp. (

2a. Transferee's Name and Address (Include trade name, if any) (See instruction 2d)

GERARD JOSEPH LOCASCIO  
631 OLD PLANTATION RD  
JEKYLL ISLAND, GA 31527

INDIVIDUAL  TRUST or LEGAL ENTITY

2b. County **GYLNN**

3a. Transferor's Name and Address (Include trade name, if any)  
(Executors: see instruction 2k)

MA CUSTOMS LLC  
QUIET MIKE'S  
1255 E CHERRY STREET  
JESUP, GA 31546

3b. e-mail address (optional)

3c. Transferor's Telephone (Area Code and Number)

(912) 427-4221

3d. If Applicable: Decedent's Name, Address, and Date of Death

3e. Number, Street, City, State and Zip Code of Residence (or Firearms Business Premises)  
If Different from Item 3a.

The above-named and undersigned transferor hereby makes application as required by Section 5812 of the National Firearms Act to transfer and register the firearm described below to the transferee.

4. Description of Firearm (Complete items a through h) (See instruction 2m)

a. Name and Address of Maker Manufacturer and/or Importer of Firearm  QUIET MIKE'S 1255 E. CHERRY STREET JESUP, GEORGIA 31546 USA	b. Type of Firearm (see definitions)  SILENCER	c. Caliber or Gauge  .22 LR	d. Model <b>LIL' MIKE</b>	
			e. Of Barrel Length: N/A	f. Overall Length: 6.25
			g. Serial Number <b>QMLM-0037</b>	

h. Additional Description or Data Appearing on Firearm (Attach additional sheet if necessary)

5. Transferee's Federal Firearms License (If any)

(Give complete 15-digit number) (See instruction 2c)

First 6 digits	2 digits	2 digits	5 digits
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7. Transferor's Federal Firearms License (If any)

First 6 digits	2 digits	2 digits	5 digits
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6. Transferee's Special (Occupational) Tax Status (If any)

a. Employer Identification Number      b. Class

8. Transferor's Special (Occupational) Tax Status (If any)

a. Employer Identification Number      b. Class

27-0546826	2
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Under Penalties of Perjury, I Declare that I have examined this application, and to the best of my knowledge and belief it is true, correct and complete, and that the transfer of the described firearm to the transferee and receipt and possession of it by the transferee are not prohibited by the provisions of Title 18, United States Code; Chap 44; Title 26, United States Code; Chap 53; or any provisions of State or local law.

9. Signature of Transferor (Or authorized official)

10. Name and Title of Authorized Official (Print or type)

11. Date

*Cynthia Alexander*

*Cynthia Alexander owner*

*2/9/19*

The Space Below is for the use of the Bureau of Alcohol, Tobacco, Firearms and Explosives

By Authority of The Director, This Application Has Been Examined, and the Transfer and Registration of the Firearm Described Herein and the Interstate Movement of that Firearm, When Applicable, to the Transferee are:

Stamp Denomination

Approved (With the following conditions, if any)

Disapproved (For the following reasons)

Signature of Authorized ATF Official

*Brian J Martin*

Date

**OCT 25 2019**

**Transferee Certification**

**12. Law Enforcement Notification (See instruction 2f)**

The transferee is to provide notification of the proposed acquisition and possession of the firearm described on this Form 4 by providing a copy of the completed form to the chief law enforcement officer in the agency identified below:

Agency or Department Name

Name and Title of Official

GYLNN COUNTY SHERIFF OFFICE

E NEAL JUMP, SHERIFF

Address (Street address or P.O. Box, City, State and Zip Code) to which sent (mailed or delivered))

100 SULPHUR SPRINGS  
BRUNSWICK, GA 31520

**Information for the Chief Law Enforcement Officer**

This form provides notification of the transferee's intent to acquire and possess a National Firearms Act (NFA) firearm. No action on your part is required. However, should you have information that may disqualify this person from acquiring or possessing a firearm, please contact the NFA Division at (304) 616-4500 or NFA@atf.gov. A "Yes" answer to items 14.a. through 14.h. or 16.b. or 16.c. could disqualify a person from acquiring or possessing a firearm. Also, ATF will not approve an application if the transfer or possession of the firearm is in violation of State or local law.

**13. Transferee Necessity Statement (See instruction 2e)**

I, GERARD JOSEPH LOCASCIO, have a reasonable necessity to possess the machinegun, short-barreled rifle,  
(Name and Title of Transferee)

short-barreled shotgun, or destructive device described on this application for the following reason(s)

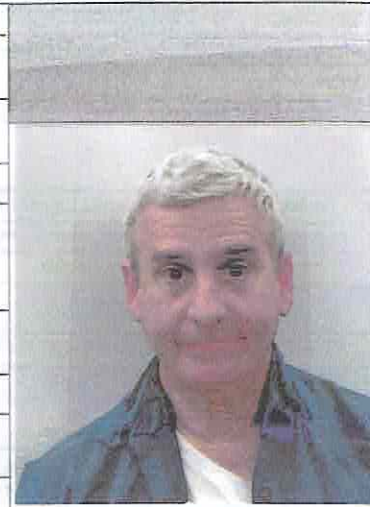
**INVESTMENT AND ALL OTHER LAWFUL PURPOSES**

and my possession of the device or weapon would be consistent with public safety (18 U.S.C. § 922(b) (4) and 27 CFR § 478.98).

**Transferee Questions (Complete Only When Transferee is An Individual)**

14. Answer questions 14.a. through 14.h. Answer questions 16 and 17, if applicable. For any "Yes" answer the transferee shall provide details on a separate sheet. (See instruction 7h and definitions)

	Yes	No
a. 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? (See definition 1m)		X
b. 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? (See definition 1m)		X
c. Are you a fugitive from justice? (See definition 1s)		X
d. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? <b>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.</b>		X
e. Have you ever been adjudicated as a mental defective OR have you ever been committed to a mental institution? (See definitions 1n and 1o)		X
f. Have you been discharged from the Armed Forces under dishonorable conditions?		X
g. 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? (See definition 1p)		X
h. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? (See definition 1q)		X



16a. Country of Citizenship: (Check/List more than one, if applicable. Nationals of the United States may check U.S.A.) (See definition 1r)

United States of America

Other Country/Countries (specify): \_\_\_\_\_

	Yes	No
b. Have you ever renounced your United States citizenship?		X
c. Are you an alien illegally or unlawfully in the United States?		X
d.1. Are you an alien who has been admitted to the United States under a nonimmigrant visa?		X
d.2. If "yes", do you fall within any of the exceptions stated in the instructions? Attach the documentation to the application	X	N/A

17. If you are an alien, record your U.S.-Issued Alien or Admission number (AR#, USCIS#, or 194#): 5 1 6 800006 skhernd CK-2646

**CERTIFICATION:** Under penalties imposed by 18 U.S.C. § 924 and 26 U.S.C. § 5861, I certify that, upon submission of this form to ATF, a completed copy of this form will be directed to the chief law enforcement officer (CLEO) shown in item 12, that the statements, as applicable, contained in this certification, and any attached documents in support thereof, are true and correct to the best of my knowledge and belief. NOTE: See instructions 2.d(2) and 2.d(3) for the items to be completed depending on the type of transferee.

Gerard Locascio  
Signature of Transferee

09-FEB-19  
Date