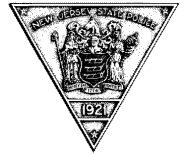




State of New Jersey
APPLICATION FOR REGISTRATION AS
WHOLESALE DEALER AND MANUFACTURER OF FIREARMS
(To be completed if partnership or corporation)



LAW QUOTED

2C:58-1 Registration of Manufacturers and Wholesale Dealers of Firearms.

a. Registration

Every manufacturer and/or wholesale dealer of firearms shall register with the Superintendent as provided in this section. No person shall engage in the business of, or act as a manufacturer or sell at wholesale any firearm, until he has so registered.

Applications for registration shall be made on such forms as shall be prescribed by the superintendent, and the applicant shall furnish such information and other particulars as may be prescribed by law or by any rules or regulations promulgated by the superintendent. Each application for registration or renewal shall be accompanied by a fee of \$150.00

1. Name of applicant: _____
2. Address of business: _____
3. Are you a manufacturer or wholesaler? _____
4. If manufacturer, give complete description of the items you manufacture which are covered by this law.

5. If wholesaler, what items do you sell which are covered by this law?

6. State whether your business is individual, corporation, or partnership *(If corporation, give name and date of filing with secretary of state)*:

7. If individual, give full name and home address; if corporation, give full name and home addresses of officers and directors; if partnership, give full names and home address of partners (each individual must also complete form S.P. 280).

8. Give full name and home address of all persons employed by applicant who purchase or sell complete firearms or completed parts of firearms on your behalf (each individual must also complete form S.P. 641).

All persons named in 7 and 8 must complete form S.P. 280 and be fingerprinted.

9. Has applicant ever conducted a firearms business at the location sought to be registered or elsewhere? Yes No
 If yes, under what name, where and when:

10. Have persons who hold or possess an actual or equitable controlling interest in the applicant ever conducted a firearms business under any other business entity? Yes No If yes, under what name, where and when:

11. Has applicant ever applied for and been refused a firearms dealer's license or registration as a manufacturer or wholesaler under any other business entity? Yes No If yes, when and where

12. Have persons who possess an actual or equitable controlling interest in the applicant ever applied for and been refused a firearms dealer's license or registration as a manufacturer or wholesaler under any other business entity? Yes No

If yes, where and when:

13. Has applicant ever had a firearms dealer's license or registration as a manufacturer or wholesaler revoked in this or any other state? Yes No If yes, where and when

14. Have persons who hold or possess an actual or equitable controlling interest in the applicant ever had a firearms dealer's license or registration as a manufacturer or wholesaler revoked in this or any other state? Yes No If yes, where and when:

15. Is the applicant currently licensed to sell or manufacturer firearms in any other state or by the Federal Government? If yes, indicate where, license number and date of issue: Yes No

16. Do any of the persons who possess an actual or equitable controlling interest in the applicant currently possess a license to sell or manufacture firearms in any other state or by Federal Government? Yes No

If yes, indicate name of person(s) where and license number(s):

17. Give the names and addresses of three (3) references. (Include home and business addresses.)

A. Name _____

Home address _____ Phone _____

Business address _____ Phone _____

B. Name _____

Home address _____ Phone _____

Business address _____ Phone _____

C. Name _____

Home address _____ Phone _____

Business address _____ Phone _____

NOTE: In the event of any change to any answer set forth in this application, applicant shall forthwith notify the issuing authority of the change.

_____ certifies he is the _____
Corporate Officer or Partner

of the applicant, that the applicant is a _____
Corporation, Partnership, Limited Partnership, etc.

of the State of _____ and that the said applicant is authorized or registered to do business in the State of New Jersey. Further, that he is familiar with the information furnished herein, that the information contained herein is true and correct, and is furnished in order to assist the applicant to become registered as a manufacturer or wholesaler, and that he is authorized to submit this application on behalf of said applicant for such registration.

_____ Date

_____ Signature of Corporate Officer or Partner