

FIRST NAME _____ LAST NAME _____
EMAIL _____ PHONE _____
SAME AS SILENCER SHOP PROFILE

STREET ADDRESS _____ STE, APT, ETC _____
CITY _____ STATE VIRGINIA ZIP _____

MAKE	MODEL	SERIAL NUMBER

1. SUBMIT YOUR FINGERPRINTS AND DEMOGRAPHIC INFORMATION TO SILENCER SHOP VIA THE IN-STORE KIOSK
2. DOWNLOAD THE SILENCER SHOP APP AND UPLOAD YOUR PASSPORT STYLE PHOTO
3. PAY FOR THE TAX STAMP THROUGH SILENCER SHOP'S WEBSITE
4. UPLOAD COPY OF TRUST TO PROFILE THROUGH SILENCER SHOP'S WEBSITE (IF APPLICABLE)
5. RESPONSIBLE PERSONS TO CREATE PROFILE (IF APPLICABLE)
6. CREATE ATF EFORMS ACCOUNT (EFORMS.ATF.GOV)

PLEASE SEND COMPLETED FORM TO