

**DEPARTMENT OF THE TREASURY**  
**BUREAU OF ALCOHOL, TOBACCO AND FIREARMS**  
**APPLICATION FOR REGISTRATION FOR TAX-FREE TRANSACTIONS UNDER 26 U.S.C. 4221**  
**(Firearms and Ammunition)**

PLEASE TYPE OR PRINT - See additional instructions for this form.

1. NAME OF APPLICANT (If partnership, include name of each partner.) ✓ <del>MATTHEW A. LOFANDE</del> ←	2. APPLICANT'S EMPLOYER IDENTIFICATION NUMBER 20-3192523 ✓
3. TRADE OR BUSINESS NAME ✓ COMMONWEALTH PROTECTION INSTITUTE	4. TELEPHONE NUMBER (Include area code) 202 737-5350 ✓
5. ADDRESS OF PRINCIPAL PLACE OF BUSINESS (Number, street, city, state and ZIP Code) ✓ 4585 N. 25TH ROAD, ARLINGTON VA 22207	

6. APPLICATION IS MADE FOR THE FOLLOWING CATEGORY OR CATEGORIES (Check applicable boxes):
- A. SELLING FIREARMS OR AMMUNITION TAX-FREE AS THE MANUFACTURER, PRODUCER, OR IMPORTER OF THE FIREARMS OR AMMUNITION.
- B. PURCHASING FIREARMS OR AMMUNITION TAX-FREE FOR FURTHER MANUFACTURE OR FOR RESALE TO A SECOND PURCHASER FOR USE BY THE SECOND PURCHASER IN FURTHER MANUFACTURE.
- C. PURCHASING FIREARMS OR AMMUNITION FOR EXPORT OR FOR RESALE TO A SECOND PURCHASER FOR EXPORT.
- D. PURCHASING FIREARMS OR AMMUNITION FOR USE AS SUPPLIES ON VESSELS AND AIRCRAFT.
- E. PURCHASING FIREARMS OR AMMUNITION BY, AND FOR THE EXCLUSIVE USE OF, A NONPROFIT EDUCATIONAL ORGANIZATION.
- F. PURCHASING FIREARMS OR AMMUNITION BY, AND FOR THE EXCLUSIVE USE OF, A STATE OR LOCAL GOVERNMENT.

7. SUPPORTING INFORMATION. Attach to this application any additional information requested unless such information is already on file (see item 8 on the back of this form).

✓ A. ALL APPLICANTS - Have you ever had your application for a certificate of registry denied OR had your certificate of registry suspended or revoked? Include any denial, revocation or suspension of an Internal Revenue Service certificate of registry.

YES (Describe the circumstances involved.)  NO.

✓ B. ALL APPLICANTS - Describe your business(es), or if a State or local government entity, your functions.

✓ C. ALL APPLICANTS - Describe your need for each category for which you applied for in item 6. For each category, include an estimate of the quantity of firearms and ammunition to be sold, purchased or used within a specified period of time. Also, indicate the types of customers to whom you will be selling or your uses for each category. If you already know to whom you will be selling, you may include the actual names of your customers. (Examples: (1) "Each year, I will sell approximately 200 firearms and 5,000 rounds of ammunition to the state police for their official duties;" (2) "Each year I plan to purchase, from Manufacturer A, approximately 100 firearms on which I will perform further manufacture.")

✓ D. BUSINESS APPLICANT -

(1) Identify any business subject to any manufacturers excise tax under Chapter 32 of the Internal Revenue Code (includes excise tax on automobiles, tires, fuels, vaccines, and recreational equipment) that you controlled in the past 2 years. State the name, address, social security or employer identification number, as applicable, of each business.

(2) Identify each person's or company's name (including other businesses), date of birth, social security or employer identification number, residential address or principal place of business, as applicable, who:

(a) Is a director, an officer, a partner or the sole proprietor.

(b) Owns more than 10 percent of the outstanding stock of the applicant.

(c) Directs the management and policies for purchasing, selling or using firearms or ammunition of the business.

E. EDUCATIONAL ORGANIZATION - Supply proof (examples: charter or articles of incorporation) that the applicant is a(n):

(1) Educational organization under section 170(b)(1)(A)(ii), Title 26 U.S.C. and is exempt from the income tax under section 501(a), Title 26 U.S.C. To qualify, an organization must have a regular faculty and curriculum and normally have a regularly enrolled body of pupils or students in attendance at the place where its educational activities are carried on.

(2) School operated as an activity of an organization described in section 501(c)(3), Title 26 U.S.C., that is exempt from income tax under Section 501(a).

✓ F. ALL APPLICANTS - Any other information that ATF requests to clarify the information requested by this application.

8. THE SUPPORTING INFORMATION (item 7) IS CONTAINED IN (Check applicable boxes and enter appropriate information.):

Pages numbered \_\_\_\_ through \_\_\_\_ attached to this application

Information on file with the Bureau of Alcohol, Tobacco and Firearms as part of the application for

Certificate of Registry Number \_\_\_\_\_

Other Application Approved by the Bureau of Alcohol, Tobacco and Firearms:

Federal Firearms License Number \_\_\_\_\_

Type of application: \_\_\_\_\_

Permit or license number \_\_\_\_\_

The applicant incorporates this information as part of this application. If the applicant sends any other information for this application, it is also part of this application.

**9. AFFIRMATION BY APPLICANT**

I affirm that this Certificate of Registry will be used as specified in applicable provisions of laws and regulations, and I understand that misuse of this Certificate will lead to its revocation and/or the penalties provided by law. I agree to maintain records in compliance with applicable laws and regulations. These records will be available to an authorized employee of the Bureau of Alcohol, Tobacco and Firearms. Also, I agree to report to the Bureau any change in my name or principal place of business and in business ownership or control, within 30 days of such change. 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.

9a. SIGNATURE OF APPLICANT OR PERSON AUTHORIZED TO SIGN FOR APPLICANT



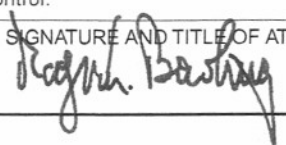
9b. TITLE OF APPLICANT OR PERSON AUTHORIZED TO SIGN FOR APPLICANT

*DIRECTOR, COMMONWEALTH PROTECTION INSTITUTE*

9c. DATE

*11-9-2005*

**10. BUREAU OF ALCOHOL, TOBACCO AND FIREARMS APPROVAL**

<b>FOR ATF USE ONLY</b>	The applicant's application is approved and a Certificate of Registry is issued under the number shown. This certificate is valid only for the categories identified in the registration number (see instruction 3).		
	NAME COMMONWEALTH PROTECTION INSTITUTE	EMPLOYER ID NUMBER 20-3192523	REGISTRATION NUMBER FAM-VA-15001-E
	This certificate is not transferable to another person. Also, this certificate may become void as a result of a change in business ownership or control.		
	10a. SIGNATURE AND TITLE OF ATF OFFICIAL  Director, National Revenue Center		10b. DATE <i>05/03/06</i>