

**Mississippi Department of Public Safety
Mississippi Highway Safety Patrol
Firearm Permit Unit
P.O. Box 958
Jackson, MS 39205-0958**

APPLICATION TO REGISTER SILENCERS/ARMOR PIERCING AMMUNITION
(Completed forms to be returned to the Firearm Permit Unit at the address above)

Mississippi Code Section 97-37-31. Silencers and armor piercing ammunition; prohibition and registration

It shall be unlawful for any person, persons, corporation or manufacturing establishment, not duly authorized under federal law, to make, manufacture, sell or possess any instrument or device which, if used on firearms of any kind, will arrest or muffle the report of said firearm when shot or fired or armor piercing ammunition as defined in federal law. Any person violating this section shall be guilty of a misdemeanor and, upon conviction, shall be fined not more than Five Hundred Dollars (\$500.00), or imprisoned in the penitentiary not more than thirty (30) days, or both. All such instruments or devices shall be registered with the Department of Public Safety and any law enforcement agency in possession of such instruments or devices shall submit an annual inventory of such instruments and devices to the Department of Public Safety. The Commissioner of Public Safety shall document the information required by this section. (Amended by Laws 2000, Ch. 496, Section 1, eff. July 1,2000)

PLEASE TYPE OR PRINT

I. Applicant's Information

Name: _____ Social Security Number: _____
Physical Address: _____
Mailing Address: _____
Date of Birth: _____ Place of Birth: _____ County of Residence: _____
Driver's License Number/State: _____ Federal Firearms License Number: _____
Telephone Number(s): _____

II. Silencer Information

Brand: _____ Serial Number: _____
Additional Description or Data Appearing on Silencer: _____
Type Weapon with which used: _____
Place/Address of Purchase: _____
Date of Purchase: _____
Law Enforcement or Personal Use: _____

III. Armor Piercing Ammunition Information

Type _____	Caliber _____	Quantity _____
Type _____	Caliber _____	Quantity _____
Type _____	Caliber _____	Quantity _____
Type _____	Caliber _____	Quantity _____

IV. Attachments

Attach copies of your ATF Form F-4 (Application for Tax Paid Transfer and Registration of Firearm), Invoice and Federal Firearm License (if applicable).

V. Affidavit

I hereby certify that all of the information provided by me in this application is true, correct, complete and made in good faith. I understand that false or fraudulent information provided herein is criminally punishable pursuant to federal and state law.

Signature: _____ Date: _____
State of Mississippi County of _____

Before me this day personally appeared _____, who, being duly sworn, deposes and says that the information contained in this application is true and correct to the best of his/her knowledge.

Sworn and subscribed before me, this _____ day of _____, 20____.
My commission expires: _____

Notary Public, State of Mississippi

Departmental Use Only

Date Received: _____ By: _____