



Purchasing Department

209 Water Street
Johnson City, TN 37601
(423) 975-2716

ADDENDUM

TO: All Prospective Vendors

FROM: Debbie Dillon,
Director of Purchasing

SUBJECT: Addendum No. 1 – ITB 5649

DATE: October 17, 2012

Consider this addendum an integral part of the above referenced Invitation to Bid:

Please see attached ATF forms for additional information on weapons.
The forms apply to item numbers 1,2, 5 & 6. Gun descriptions are listed
the forms. Form 1 applies to items 5&6, form 2 applies to item 2, form
3 applies to item 1.

All other specifications remain the same. **Vendor to acknowledge receipt of this addendum by initialing and returning the addendum notice with the return Bid package or via facsimile if it has already been submitted.** Your un-opened response envelope can be returned to you for re-submittal upon request. Any questions please contact this office.

/dd

DEPARTMENT OF THE TREASURY — BUREAU OF ALCOHOL, TOBACCO AND FIREARMS			SEE INSTRUCTIONS ATTACHED. TO BE SUBMITTED IN DUPLICATE TO: National Firearms Act Branch Bureau of Alcohol, Tobacco & Firearms Washington, DC 20226		
APPLICATION FOR TAX EXEMPT TRANSFER AND REGISTRATION OF A FIREARM					
2a. TRANSFEREE'S NAME AND ADDRESS (If transferee is a Special (Occupational) Taxpayer who is acquiring firearm for personal use, rather than as part of his business inventory, show personal name below and check here: <input type="checkbox"/>) <p style="text-align: center;">Johnson City Police Dept. 601 E. Main St Johnson City TN 37605</p>			1. TYPE OF TRANSFER: TAX EXEMPT I believe that I am entitled to exemption from the payment of the transfer tax imposed by Section 5811 (26 U.S.C. Chapter 53) on the firearm described herein for the following reason (See Instruction 6): <input type="checkbox"/> FIREARM IS UNSERVICEABLE AND IS BEING TRANSFERRED AS A CURIO OR ORNAMENT (6a) <input checked="" type="checkbox"/> FIREARM IS BEING TRANSFERRED TO OR FROM A GOVERNMENT ENTITY (6b & 6c) <input type="checkbox"/> FIREARM IS BEING TRANSFERRED TO A LAWFUL HEIR (6d) <input type="checkbox"/> OTHER (Specify)		
2b. TRADE NAME (See Instruction 2e)		2c. COUNTY			
3a. TRANSFEROR'S NAME AND MAILING ADDRESS (If firearm is registered under your trade name, enter your trade name. EXECUTORS: See instruction 2f.) <p style="text-align: center;">Gilbert Equipment Company P.O. Box 9846 Mobile, Alabama 36691</p>			3c. NUMBER, STREET, CITY, STATE AND ZIP CODE OF RESIDENCE (OR FIREARMS BUSINESS PREMISES) IF DIFFERENT FROM ITEM 3a. <p style="text-align: center;">960 Downtowner Blvd. Mobile, AL 36609</p>		
3b. IF APPLICABLE: DECEDENT'S NAME, ADDRESS AND DATE OF DEATH					
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 i)				d. MODEL	
a. NAME AND ADDRESS OF MANUFACTURER AND/OR IMPORTER OF FIREARM		b. TYPE OF FIREARM (Short-barreled rifle, machine gun, destructive device, any other weapon, etc.)	c. CALIBER, GAUGE OR SIZE (Specify)	USAS-12	
Gilbert Equipment Company 960 Downtowner Blvd. Mobile, AL 36609		Machine Gun	12 GU	LENGTH e. OF BARREL: (Include f. OVERALL: 38.00)	
g. SERIAL NUMBER			1000003FA 1000004FA		
h. ADDITIONAL DESCRIPTION OR DATA APPEARING ON FIREARM (Attach additional sheet if necessary)			i. IS THE FIREARM UNSERVICEABLE AS DEFINED IN INSTRUCTION 6a? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," describe any other method by which firearm has been rendered unserviceable. Use additional sheets.)		
5. TRANSFEREE'S FEDERAL FIREARMS LICENSE (If any) (Give complete 15-digit number)			6. TRANSFEREE'S SPECIAL (OCCUPATIONAL) TAX STATUS		
First 6 digits 2 digits 2 digits 5 digits 			a. ATF IDENTIFICATION NO.		b. CLASS
7. TRANSFEROR'S FEDERAL FIREARMS LICENSE (If any) (Give complete 15-digit number)			8. TRANSFEROR'S SPECIAL (OCCUPATIONAL) TAX STATUS		
First 6 digits 2 digits 2 digits 5 digits 163049 08 5D 18303			55-0489335		III
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 Chapter 44, Title 18, United States Code; Chapter 53, Title 26, United States Code; or Title VII of the Omnibus Crime Control and Safe Streets Act, as amended; 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
			Tony van Aken General Manager		7-6-92
THE SPACE BELOW IS FOR THE USE OF THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS					
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:					
<input checked="" type="checkbox"/> APPROVED (With the following conditions, if any) RESTRICTED REGISTRATION - Possession limited to continued compliance with provisions of Public Law 99-308			<input type="checkbox"/> DISAPPROVED (For the following reasons)		
EXAMINER		DATE		AUTHORIZED ATF OFFICIAL	
		JUL 10 1992			
				DATE	
				JUL 10 1992	

DEPARTMENT OF THE TREASURY — BUREAU OF ALCOHOL, TOBACCO AND FIREARMS APPLICATION FOR TAX EXEMPT TRANSFER AND REGISTRATION OF A FIREARM			SEE INSTRUCTIONS ATTACHED. TO BE SUBMITTED IN DUPLICATE TO: National Firearms Act Branch Bureau of Alcohol, Tobacco & Firearms Washington, DC 20226		
2a. TRANSFEREE'S NAME AND ADDRESS (If transferee is a Special (Occupational) Taxpayer who is acquiring firearm for personal use, rather than as part of his business inventory, show personal name below and check here: <input type="checkbox"/>) JOHNSON CITY POLICE DEPARTMENT MUNICIPAL SAFETY BUILDING JOHNSON CITY, TN 37601			1. TYPE OF TRANSFER: TAX EXEMPT I believe that I am entitled to exemption from the payment of the transfer tax imposed by Section 5811 (26 U.S.C. Chapter 53) on the firearm described herein for the following reason (See Instruction 6): <input type="checkbox"/> FIREARM IS UNSERVICEABLE AND IS BEING TRANSFERRED AS A CURIO OR ORNAMENT (6a) <input checked="" type="checkbox"/> FIREARM IS BEING TRANSFERRED TO OR FROM A GOVERNMENT ENTITY (6b & 6c) <input type="checkbox"/> FIREARM IS BEING TRANSFERRED TO A LAWFUL HEIR (6d) <input type="checkbox"/> OTHER (Specify)		
2b. TRADE NAME (See Instruction 2e)		2c. COUNTY			
3a. TRANSFEROR'S NAME AND MAILING ADDRESS (If firearm is registered under your trade name, enter your trade name. EXECUTORS: See instruction 2f.) Action Arms, Ltd. P. O. Box 9573 Philadelphia, PA 19124			3c. NUMBER, STREET, CITY, STATE AND ZIP CODE OF RESIDENCE (OR FIREARMS BUSINESS PREMISES) IF DIFFERENT FROM ITEM 3a.		
3b. IF APPLICABLE: DECEDENT'S NAME, ADDRESS AND DATE OF DEATH					
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 i)				d. MODEL MINI UZI	
a. NAME AND ADDRESS OF MANUFACTURER AND/OR IMPORTER OF FIREARM ISRAEL MILITARY INDUSTRIES P. O. BOX 1044 Ramat-Hasharon 47100 ISRAEL		b. TYPE OF FIREARM (Short-barreled rifle, machine gun, destructive device, any other weapon, etc.) Submachine Gun		c. CALIBER, GAUGE OR SIZE (Specify) 9mm	
				e. OF BARREL: 7 3/4" f. OVERALL: 23.6"	
				g. SERIAL NUMBER MU03149	
h. ADDITIONAL DESCRIPTION OR DATA APPEARING ON FIREARM (Attach additional sheet if necessary) Action Arms, Ltd. Phila. Pa.			i. IS THE FIREARM UNSERVICEABLE AS DEFINED IN INSTRUCTION 6a? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "No," describe any other method by which firearm has been rendered unserviceable. Use additional sheets.)		
5. TRANSFEREE'S FEDERAL FIREARMS LICENSE (if any) (Give complete 15-digit number) First 6 digits 2 digits 2 digits 5 digits			TRANSFEREE'S SPECIAL (OCCUPATIONAL) TAX STATUS IDENTIFICATION NO. b. CLASS		
7. TRANSFEROR'S FEDERAL FIREARMS LICENSE (if any) (Give complete 15-digit number) First 6 digits 2 digits 2 digits 5 digits			TRANSFEROR'S SPECIAL (OCCUPATIONAL) TAX STATUS IDENTIFICATION NO. b. CLASS		
823051 08 M6 14396 4008			1-IMPORTER		
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 Chapter 44, Title 18, United States Code, Chapter 53, Title 26, United States Code, or Title VII of the Omnibus Crime Control and Safe Streets Act, as amended; or any provisions of State or local law.					
9. SIGNATURE OF TRANSFEROR (Or authorized official) Amram B. Stern			10. NAME AND TITLE OF AUTHORIZED OFFICIAL (Print or type) Amram B. Stern - Secretary		11. DATE 10/18/84
THE SPACE BELOW IS FOR THE USE OF THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS					
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:					
<input checked="" type="checkbox"/> APPROVED (With the following conditions, if any)			<input type="checkbox"/> DISAPPROVED (For the following reasons)		
EXAMINER		DATE		AUTHORIZED ATF OFFICIAL Ray Schaub	
				DATE OCT 25 1984	

4 11/23/56

U. S. TREASURY DEPARTMENT - INTERNAL REVENUE SERVICE

FORM 1 (FIREARMS)
REV. APRIL 1955

APPLICATION FOR REGISTRATION OF FIREARM
(Chapter 53, Internal Revenue Code)

(Submit in duplicate for each firearm possessed. See instructions on reverse)

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TO: Director, Alcohol and Tobacco Tax Division, Washington 25, D. C.

The undersigned hereby applies for registration of the firearm described below, as required by section 5841 of the Internal Revenue Code.

<p>1. NAME AND RETURN ADDRESS OF REGISTRANT (Number and street, city, zone, State or Territory. If registrant is other than a natural person, give name and home address of an executive officer thereof)</p> <p>Johnson City Police Department 217 King Street Johnson City, Tennessee C. W. Wilkinson, Chief of Police 515 Franklin St., Johnson City, Tenn.</p>	<p>2. PLACE OF BUSINESS OR EMPLOYMENT</p> <p>217 King Street Johnson City, Tenn.</p> <p>3. DATE FIREARM ACQUIRED</p> <p>March 19, 1956 065</p> <p>4. PLACE WHERE FIREARM IS USUALLY KEPT</p> <p>217 King Street Johnson City, Tenn.</p>
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<p>5. KIND OF FIREARM (Machine gun, submachine gun, shotgun or rifle, muffler or silencer, etc.)</p> <p>Machine Gun (Thompson) MG</p>			
<p>6. LENGTH OF BARREL (Inches)</p> <p>10 1/2 inches</p>	<p>7. MODEL</p> <p>U.S. Model 1928A1</p>	<p>8. CALIBER OR GAUGE</p> <p>.45</p>	<p>9. SERIAL NUMBER</p> <p>S-194237</p>

10. OTHER MARKS OF IDENTIFICATION
"GEG" in circle: "RLB" Left side of frame rear of firing chamber

11. NAME AND ADDRESS OF MANUFACTURER OF FIREARM
Auto-Ordnance Corporation, Bridgeport, Connecticut

12. HAVE YOU EVER BEEN CONVICTED OF A FELONY?
 YES NO (If "Yes," explain in a separate statement indicating disposition of case and attach same to this application)

I declare under the penalties of perjury that this application for registration has been examined by me and to the best of my knowledge and belief is a true, correct, and complete application for registration.

<p>13. DATE</p> <p>11-6-56</p>	<p>14. SIGNATURE</p> <p>Johnson City Police Department C. W. Wilkinson C. W. Wilkinson</p>
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15. TITLE OR STATUS (State whether individual owner, member or firm, or if officer of corporation, give title)
Chief of Police

APPLICANT WILL MAKE NO ENTRY IN THIS PART

16. ACCEPTANCE OR DISAPPROVAL OF APPLICATION
A. ACCEPTED FOR REGISTRATION. THIS FORM WHEN SO CHECKED AND SIGNED BELOW CONSTITUTES EVIDENCE OF REGISTRATION

B. DISAPPROVED FOR THE FOLLOWING REASON:

This is to certify that this is a true copy of the form retained in the National Firearms Registration & Transfer Record

Shutts 4-21-82
(Name) (Date)

<p>17. DATE</p> <p>NOV 20 1956</p>	<p>18. SIGNATURE, DIRECTOR, ALCOHOL AND TOBACCO TAX DIVISION</p> <p>(Signed) Dwight E. Avis</p>
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See reverse

11/19/56

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