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OMB APPROVAL

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Washington, D.C. 20549 FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

S	C USE ON	LY
Prefix		Serial
DA	TE RECEIV	ÉD

Name of Offering		
Under (Check box(es) that apply): Type of Filing: New Filing A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer CirTran Corporation Address of Executive Offices (Number and Street, City, State, Zip Code) 4125 South 6000 West, West Valley City, Utah 84128 Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business Manufacturing Type of Business Organization Type of Business Organization Immitted partnership, already formed Immitted partnership, to be formed Month Year		hange.)
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) CirTran Corporation Address of Executive Offices (Number and Street, City, State, Zip Code) 4125 South 6000 West, West Valley City, Utah 84128 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business Manufacturing Type of Business Organization Corporation Ilimited partnership, already formed Other (please specify): South 6000 West, West Valley City, Utah 84128 S01-963-5112 Telephone Number (Including Area Code) T		
Name of Issuer (check if this is an armendment and name has changed, and indicate change.) Thomson Address of Executive Offices (Number and Street, City, State, Zip Code) 4125 South 6000 West, West Valley City, Utah 84128 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business Manufacturing Type of Business Organization Corporation Corporat	A. BASIC IDENTIFICATION	
Name of Issuer (check if this is an armendment and name has changed, and indicate change.) Thomson Address of Executive Offices (Number and Street, City, State, Zip Code) 4125 South 6000 West, West Valley City, Utah 84128 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business Manufacturing Type of Business Organization Corporation Corporat	1. Enter the information requested about the issuer	~ 10 1 2 6 2000
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Brief Description of Business Manufacturing Type of Business Organization Corporation Unimited partnership, already formed Imited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	,	
Brief Description of Business Manufacturing Type of Business Organization Corporation Corpora		
Manufacturing Type of Business Organization Corporation		Telephone Number (Including Area Code)
Corporation limited partnership, already formed business trust limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: Durisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	•	AN 17 2006
Actual or Estimated Date of Incorporation or Organization: O 3 8 7 X Actual	corporation limited partnership, already formed	other (please specify):
CN for Canada; FN for other foreign jurisdiction)	Actual or Estimated Date of Incorporation or Organization: 0 3	8 7 X Actual Estimated
	CN for Canada; FN for other foreign jurisdiction)	N V

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 C.F.R. 230.501 et seq. or 15 U.S.C. 774(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Capies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

		· · · · · · · · · · · · · · · · · · ·			
Check Box(es) that Apply:	Promoter	X Beneficial Owner	X Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first,	f individual)				
Hawatmeh, lehab					
Business or Residence Address (Na	mber and Street, City,	State, Zip Code)			
4125 South 6000 West, West Valle	y City, Utah 84128				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indiv	idual)				
Hawatmeh, Raed					
Business or Residence Address (Nu	mber and Street, City,	State, Zip Code)			
4125 South 6000 West, West Valle	y City, Utah 84128				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if indiv	ridual)				
Saliba, Trevor		-	·		
Business or Residence Address (No	ımber and Street, City,	State, Zip Code)	•		
4125 South 6000 West, West Valle	y City, Utah 84128				
Check Box (es) that Apply:	Promoter	Beneficial Owner	X Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indiv	ridual)	and the second	$(x_1, x_2, \dots, x_n) \in \mathcal{X}_{n+1} \times \mathcal{X}_{n+1}$		
Hawatmeh, Shaher					
Business or Residence Address (N	ımber and Street, City,	State, Zip Code)		++ %.	
4125 South 6000 West, West Valle	y City, Utah 84128				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indi-	vidual)				
Business or Residence Address (N	umber and Street, City	State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indi	vidual)				
Business or Residence Address (N	umber and Street, City	, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				В	. INFOR	MATIO	N ABOU	r offer	ING			
	answer al	so in Ap	pendix, C	olumn 2,	if filing u	nder ULC	E.					
2. What is th	e minimu	ım invest	ment that	will be a	ccepted f	rom any i	ndividual?	·				
	22 :											Yes No
If a persor	information or sime to be list the na	ion reque ilar remu ted is an a me of the	sted for neration f associate broker o	each pers for solicit d person or dealer.	son who hation of puor agent of	as been ourchasers: fabroker nan five (5	or will be in connect or dealer r i) persons	paid or gi- tion with sa- egistered v to be listed	ven, direct les of secu with the SE	tly or ind crities in t C and/or	irectly, an he offering with a stat	y g. e
Full Name (L								······································				
Business or R	esidence	Address	(Number	and Stre	et, City, S	state, Zip	Code)		 			
Name of Asso	ociated B	roker or	Dealer									
States in Whi (Check			Has Solic eck indiv			olicit Pur	chasers				· · · · · · · · · · · · · · · · · · ·	All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name (L Business or R					eet, City, S	State, Zip	Code)					
Name of Ass	ociated B	roker or	Dealer									
States in Whi			Has Solic			Solicit Pur	chasers					All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name (L	ast name	first, if i	ndividua	l)								
Business or I	Residence	e Address	(Numbe	r and Str	eet, City,	State, Zip	Code)					
Name of Ass	ociated E	Broker or	Dealer				_			_		
States in Wh (Check			Has Soli			Solicit Pu	rchasers					All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Type of Security Offering Price Already Sold Common Preferred Equity \$<u>1,500,000</u> Convertible Securities (including warrants) Convertible Debenture \$ 1,500,000 Partnership Interests Other (Specify ____ \$1,500,000 \$ 1,500,000 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases \$ 1,500,000 Accredited Investors Non-accredited Investors Answer also in Appendix, Column 4 if filing under ULOE If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C -Question 1. Type of Dollar Security Amount Sold Type of Offering Rule 505 Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs \$ 2,000 Legal Fees \$ 5,000 Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify) Commitment and Structuring Costs \$ 130,000 Total \$ 137,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or propeach of the purposes shown. If the amount for any purpose is not known, furnish at the box to the left of the estimate. The total of the payments listed must equal the a to the issuer set forth in response to Part C — Question 4.b above.		
	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees Purchase of real estate Purchase, rental or leasing and installation of machinery and equipment Construction or leasing of plant buildings and facilities Acquisition of other businesses (including the value of securities involved in this	S [S	\$ \$ \$ \$
offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) Repayment of indebtedness Working capital Other (specify):	□ s [□ s [□ s [\$ \$ \$_1,363,000 \$
Column Totals	□ \$ [□ \$ [s s
Total Payments Listed (column totals added)	X \$ 1,363,0	000
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person ignature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchain formation furnished by the issuer to any non-accredited investor pursuant to paragraph (b	nge Commission, upon writ	
Issuer (Print or Type) Signature	Date 1-13-0	
Name of Signer (Print or Type) Title of Signer (Print or Type)	1 (-13-0	
1EHABHAWATMEH PRESIDENT /CEC	1CF0	
Represents value of Company debt canceled in exchange for the Company's issuance of Common Stock or Pref		cash proceeds to the Company
ATTENTION		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

		E. STATE	SIGNATURE		
1.	Is any party described in 17 CFR 230.2 of such rule?	·			No X
		See Appendix, Colu	nn 5, for state response.		
2.	The undersigned issuer hereby undertak D (17 CFR 239.500) at such times as re		te administrator of any st	ate in which this notice is filed, a notice or	Form
3.	The undersigned issuer hereby undertak to offerees.	ees to furnish to the stat	e administrators, upon wi	ritten request, information furnished by the	issuer
4.		ate in which this notice	e is filed and understands	t be satisfied to be entitled to the Uniform is that the issuer claiming the availability	
	ssuer has read this notification and knows that the surface of the	the contents to be true a	nd has duly caused this no	otice to be signed on its behalf by the under	signed
Issu	er (Print or Type)	Signature	- A - O - O - O - O - O - O - O - O - O	Date	
. 0	IRTRAN CORP.	11	JJ V	1-13-06	
Nan	ne (Print or Type)	Title (Print or Type)			
		00-00-	/ /	C C C	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APP	ENDIX				
1	to non-a- investor	to sell	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
ΑZ									
AR									
CA									
со									
CT						·			
DE									
DC									
FL									
GA									
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ID									
IL .									
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KY									
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				APP	ENDIX				
1	to non-ac investors	to sell	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	·	4 Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	\$1,500,000 in Convertible Debentures	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мт									
NE									
NV									
NH									
NJ -		х		1	\$1,500,000				
NM			·						
NY									
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