

# FIREARM LICENSING AUTHORITY

## Application for Firearm Licences, Certificates and Permits



### To Be Completed in Applicant's Own Handwriting

#### Section A

Application Type      New <input type="checkbox"/> Recertification <input type="checkbox"/>		Applicant should attach one photograph here (Glue and Staple)
Type of Licence being applied for: Firearm User's Licence <input type="checkbox"/> Firearm User's (Employee's) Certificate <input type="checkbox"/> Firearm Dealer's Licence <input type="checkbox"/> Firearm Manufacturer's Licence <input type="checkbox"/> Firearm User's (Special) Permit <input type="checkbox"/> Gunsmith Licence <input type="checkbox"/>		
Applicant's Name – Surname, Christian Names    Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>		
Other names (including professional names)		
Date of Birth	Email Address	Place and Parish of Birth
Nationality	Marital Status	Gender    Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Telephone No.	Cellular Telephone No.	Business Telephone No. (including Ext.)

#### Section B

Tax Registration No.	I.D Type and Number
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#### Section C

Present Address of Residence	Country	Parish	City/Town	Period of Residence
Previous Address of Residence	Country	Parish	City/Town	Period of Residence

#### Section D

Name and Address of Present Business/Employer	Date/Time Period	Occupation
Name and Address of Previous Business/Employer	Date/Time Period	Occupation

#### Section E

Have you ever lived or worked abroad      Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes state period(s), Name of organisation(s), location(s) and nature of employment in the space below.
If yes, state address of last residence in the space below

#### Section F

State Type and Calibre of Firearm(s) for which the Licence, Certificate or Permit application is being made	
Nearest Police Station to Place of Residence	Nearest Police Station to Place of Employment/Business

#### Section G

<i>To Be Completed by Persons Applying for a Firearm User's ( Employee's ) Certificate</i>			
Name of Employer	Address	Telephone No.	Private Security Regulation Authority I.D. Card No

**Section H***To be completed by persons Applying for Firearm Special User's Licence*

Name of Firearm Holder in Relation to whose firearm(s) the Certificate/Permit is being sought	Address	Telephone No.	Make, Type, Calibre and Serial No. of Firearm(s)

**Section I**Have you ever applied for a Firearm Licence, Certificate or Permit? Yes  No 

What was the result?

If yes, complete the section below. N.B. For Private Security Companies, Gun Clubs etc., if additional space is required then list separately, sign and attach to Application Form.

Type of Licence	Firearm Make, Type, Calibre	Serial No. of Firearm	Parish of Issue	Date of Issue

Has any Firearm Licence, Certificate or Permit previously issued to you been revoked? Yes  No  . If yes, state reason:Has any previous Firearm issued to you been lost  or stolen  . Neither Have you ever been convicted of a criminal offence locally or abroad? Yes  No 

If yes give details

**Section J**

State your reason(s)for application

**Section K**

I attest to the truth of statements made and acknowledge that any statement given if found to be inaccurate or untrue militate against the grant of a Firearm Licence, Certificate or Permit. I declare my willingness to be fingerprinted and consent that such prints may be used to facilitate background security checks. I am aware that this application may be discarded should I fail to complete the interview process within 6 months after this application is submitted.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section L***For Application & Certification Branch Use Only*

Date of Interview:	Method of submission:
Fees paid :	Tax receipt number :
Name of Interviewing Officer :	Signature of Interviewing Officer:

**Section M****FOR FIREARM LICENSING AUTHORITY BOARD USE ONLY**

APPLICANT:	DATE SUBMITTED TO BOARD:
APPLICATION NO.:	BOARD CHAIRMAN:
DECISION: Approved <input type="checkbox"/> Denied <input type="checkbox"/>	CALIBRE:
COMMENTS:	BOARD MEMBER 1:
	BOARD MEMBER 2:
	BOARD MEMBER 3:
	BOARD MEMBER 4: