

FIREARM LICENSING AUTHORITY

Application Form for Firearm Licences, Certificates and Permits



Form To Be Completed In Duplicate in Applicant's Own Handwriting

Section A

Application Type New Recertification		Applicant should attach one (1) copy of their photograph here (Glue and Staple)
Type of Firearm Licence being applied for: Firearm User's Licence Firearm User's (Employee 's) Certificate Firearm User's (Special) Permit		
Applicant Name – Surname then Christian Names Mr. Mrs. Ms.		
Other names known as (including Professional names)		
Date of Birth	Age at next birthday	Gender Male Female
Nationality	Marital Status	Applicant's Telephone No.
No. of children	Next of Kin and Relationship	Next of Kin's Contact No.

Section B

Birth Certificate Reference No.	Drivers Licence No.
Nationality of Passport	Passport Reference No.
National I.D No.	Tax Registration No.
Tax Compliance Certificate(s) No(s) & Period Covered	

Section C

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

Section D

Name and Address of Present Business/Employer	Date/Time Period	Nature of Business/Employment

Name and Address of Previous Business/Employer	Date/Time Period	Nature of Business/Employment

Name and Address of Next Previous Business/Employer	Date/Time Period	Nature of Business/Employment

Section E

Do you hold dual Citizenship	Yes	No
If yes, state the countries for which you hold citizenship		
Do you hold a Landed Immigration Status for any country?	Yes	No
If yes, state Country		
Have you travelled abroad in the last ten (10) years	Yes	No
If yes, list all countries visited		
Have you ever lived or worked abroad	Yes	No
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

Educational Background, Qualifications or Skills

Section G

List any non-political Social Organisations that you are currently a member of including location, contact number and period of membership (e.g. Church, Civic Groups, Gun Clubs etc.).

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Section H

Name of References	Occupation	Address of References	Telephone No

Section H2

Name of Medical Facility from which the Medical Certificate was obtained	Name of Examining Physician	Address of Medical Facility	Telephone No. of Medical Facility

Section I**To Be Completed by Persons Applying for a Firearm Employee Users Certificate**

Name of Employer	Address	Telephone No.	Private Security Regulation Authority I.D. Card No

To be completed by persons Applying for Firearm Permit

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

Section J

Nearest Police Station to Place of Residence	Nearest Police Station to Place of Business/Employment
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Section K

State Type and Calibre of Firearm (s) for which the Licence, Certificate or Permit is being applied

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Section L

Have you ever applied for a Firearm Licence, Certificate or Permit? Yes No
What was the result?
Has any Firearm Licence, Certificate or Permit previously issued to you been revoked? Yes No
Has any previous Firearm issued to you been lost stolen
Have you ever been convicted of a criminal offence locally or abroad? Yes No
If yes give details
Do you object to being fingerprinted as part of a background security check? Yes No
Are you willing to sign an Investigation Release Form authorising persons interviewed, as part of a background security check, to release the required information? Yes No

Section M

Are you presently the holder of a Firearm Licence, Certificate or Permit? Yes No				
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

State your reason(s) for application

I attest to the truth of statements made and acknowledge acceptance that any statement given if found to be inaccurate or untrue as a result of further investigations may militate against the grant of a Firearm Licence, Certificate or Permit
Applicant's Signature _____ Date _____

For Official Use Only	
Date Submitted:	Application Reference No:
Method of Submission:	Fee Paid:
Date of Interview:	Date submitted for security clearance:
Interviewing Officer:	Date Security Report Received:
Signature of Interviewing Officer:	Date Submitted to Investigation Branch:

Application Procedures

The applicant is required to sign the bottom right hand corner of each page of the Application Form signifying his/her agreement with the information supplied on the form.

The form contains four pages, Section A to M, kindly ensure that all pages are submitted along with the supporting documents.