



RCIPS
We Care, We Listen and We Act

CAYMAN ISLANDS

THE FIREARMS LAW (Amendment) Law 2008

APPLICATION FORM FOR AUTHORIZATION TO POSSESS A BULLET RESISTANT VEST

The Commissioner of Police, George Town, Grand Cayman

The District Commissioner, Cayman Brac

Note: This form must be complete in **BLOCK LETTERS** and signed by the applicant. If there is insufficient space for your answer to any question, please give details on a separate sheet and attach it hereto.

Purpose for which you are applying for a Bullet Resistant Vest:

(Please check one of the purposes listed below)

- Security Guard
- Personal Protection
- Armored Vehicle
- Police Officer
- Other Law Enforcement

Type of Permit you require:

(Please check one of the permit types listed below)

- Export Permit
- Local Permit
- Import Permit



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Entity to which you belong:

(Please check one of the entities listed below)

Personal Use

Commercial Use

Company Name: _____

Company Address: Building #: _____ Street: _____

P.O. Box: _____ KY _____ District: _____

Person applying for authorization to possess a bullet resistant vest.

Surname: _____

First Name: _____

Middle Name (s): _____

Date of Birth: ____ / ____ / ____ Nationality: _____
 DD MM YY

Street Address: _____

Town/District: _____

Contact Number (s): (H) _____ (C) _____ (WK) _____

Email address

P.O. Box #: _____ Grand Cayman (Brac) KY _____

Make: _____ Model: _____ Threat Level: 1 2 3 4 Other: _____



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Serial Number _____ any other information _____

1. Duration of permission: 1 year 3 years

2. Where will this bullet resistant vest be stored? (location)

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3. How will the bullet resistant vest be secured?

4. Have you been refused permission to possess a bullet resistant vest? No Yes if yes, state why?

5. Have you current permission to possess any other bullet resistant vest? No Yes if yes, how many and for what reason (s)?

DECLARATION

I HEREBY DECLARE THAT ALL THE ABOVE INFORMATION IS TRUE. I UNDERSTAND THAT I MAYBE CRIMINALLY LIABLE IF I HAVE MADE A FASLE OR MISLEADING STATEMENT.

Applicant's Signature _____ Date: _____ / _____ / _____
DD MM YY