



**RCIPS**  
We Care, We Listen and We Act

**FORM B**

**CAYMAN ISLANDS**

**THE FIREARMS LAW (REVISED)**

**Form of application for a permit to IMPORT/EXPORT/TRANSFER or dispose of a  
firearm or ammunition. (Circle where appropriate)**

**The Commissioner of Police, George Town Grand Cayman.**

**The District Commissioner, Cayman Brac.**

**APPLICANT:**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name (s): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Nationality: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/District: \_\_\_\_\_      Home Phone: \_\_\_\_\_

Cellular# \_\_\_\_\_      Email \_\_\_\_\_

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

Occupation: \_\_\_\_\_



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Business Address: \_\_\_\_\_

Town/District: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Business P.O. Box #: \_\_\_\_\_ Grand Cayman (Brac)  KY

Description of firearm for which the permit is required:

**Quantity** \_\_\_\_\_ **Caliber** \_\_\_\_\_

**Quantity** \_\_\_\_\_ **Caliber** \_\_\_\_\_

**Quantity** \_\_\_\_\_ **Caliber** \_\_\_\_\_

**Quantity** \_\_\_\_\_ **Caliber** \_\_\_\_\_

**Quantity** \_\_\_\_\_ **Caliber** \_\_\_\_\_

Description of ammunition for which the permit is required:

Type: \_\_\_\_\_ Calibre: \_\_\_\_\_ Amount: \_\_\_\_\_

**1. IMPORT**

I hereby request permission to import the Firearm/Ammunition

Described above on or before \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**(Date must be within 6 months of the application)**

From (place of origin) \_\_\_\_\_

**2. EXPORT**

I hereby request permission to export the firearm

Described above to (place) \_\_\_\_\_



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## FORM B

For the purpose of \_\_\_\_\_

On \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and I do/do not intent to bring this firearm back into the Cayman Islands  
**(If the firearm is to be re-imported back into the Cayman Islands, item 1 above must also be completed).**

### 3. TRANSFER

I hereby request permission to transfer the Firearm described above to the following person:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

### 4. DISPOSAL

I hereby give notice to the appropriate authority that I wish to dispose of the firearm described above, which has been handed into the Police by me and which belongs to me/to the following person:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby certify that the above information is true.

I am hereby informed that if my import license is approved, I must have a proper gun safe installed at my residence and that such safe must be bolted to the wall and floor.

I understand that RCIPS reserves the right to inspect my safe, firearm and ammunition if my license is approved.

In the event I am incapacitated, I hereby give permission to: \_\_\_\_\_



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D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ who is my \_\_\_\_\_ to hand over my firearms and ammunition to the RCIPS.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FOR OFFICIAL USE ONLY**

Comments: \_\_\_\_\_  
\_\_\_\_\_

Recommendation: \_\_\_\_\_ Date: \_\_\_\_\_  
(Firearms Officer)

Granted/Refused: \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorizing Officer)