

FIREARMS REGULATIONS (1999 REVISION)

Application for a Firearm Licence or Permit - new or additional firearm, or ammunition.

Instructions: Please complete all sections of this form.

*Denotes Required Inputs

PART 1: PERSONAL INFORMATION

To*

Applicant's Name:

<input type="text"/> Last Name*	<input type="text"/> First Name*	<input type="text"/> Middle Name*
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Previous Name: (Name change by deed poll / adoption / marriage)

<input type="text"/> Last Name	<input type="text"/> First Name	<input type="text"/> Middle Name
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<input type="text"/> Date of Birth*	<input type="text"/> Nationality*
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Email Address:

 Email*

Telephone No:

<input type="text"/> Home*	<input type="text"/> Business / Office
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 Occupation*

Photo ID: (anyone)*

<input type="checkbox"/> Passport No	<input type="checkbox"/> Driver's License ID	<input type="checkbox"/> Voter's ID
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APPLICATION FOR A FIREARM LICENCE OR PERMIT - FORM A

Home Address:

Address 1 _____

Address 2 _____

District / Town 1 _____

State _____

Country _____

Postal Address:

Post Box _____

District / Town _____

State _____

Postal Code _____

Country _____

Business / Employer Name:

Business / Employer Name _____

Business / Office Address:

Address 1 _____

Postal Box Number _____

District / Town _____

State _____

Postal Code _____

Country _____

APPLICATION FOR A FIREARM LICENCE OR PERMIT - FORM A

Description of firearm or ammunition for which the Licence / Permit is required:

Make*

Calibre*

Type*

Serial No*

Make

Calibre

Type

Serial No

If there is more than one barrel or some other attachment that modifies the firearm, e.g., a tube set or extra barrel that changes the caliber, include details of serial number and caliber here:

Calibre

Serial No

Calibre

Serial No

PART 2 : DETAILS OF PREVIOUS FIREARMS EXPERIENCE

Note: If this is your first application, give full details of your previous experience with the type of firearm for which you are applying.

Previous experience*

Are you to be the owner? (please select yes or no)*

Yes

No

If your answer is "NO" give details of owner

Name of Owner:

Name*

APPLICATION FOR A FIREARM LICENCE OR PERMIT - FORM A

Address of Owner:

Address 1* _____

Address 2* _____

District / Town* _____

State* _____

Postal Code* _____

Country* _____

Postal Box Number* _____

What is your reason for applying for this Firearm Licence/Permit?

Please Write Reason* _____

If you intend to shoot on land belonging to you or another person, give details as follows:

Land Details for shooting* _____

Are you the land owner? (please select yes or no)*

Yes

No

If your answer is **"NO"** give details of land owner

Name of Land Owner

Last Name _____

First Name _____

Middle Name _____

Address of Land Owner

Address 1* _____

Address 2 _____

District / Town* _____

APPLICATION FOR A FIREARM LICENCE OR PERMIT - FORM A

Block and Parcel:

Block*

Parcel*

Attach permission letter with map and land registry details

What firearm storage arrangements do you have at home?

- Gun Safe
 Safe Alarm
 House Alarm Rack

Do you now hold a license for any other firearm?

- Yes
 No

If your answer is "YES" give details of the licenses

Firearm License

License No

Expire Date

License No

Expire Date

Culling Permit

License No

Expire Date

License No

Expire Date

I hereby request permission to possess and use the firearm/ammunition described in Part 2 for the purpose(s) of (check all that apply)

- Use at gun club
 Police purposes
 Use on land for hunting / sporting purposes / vermin control
 Other

Specify*

Specify*

APPLICATION FOR A FIREARM LICENCE OR PERMIT - FORM A

REFERENCES (2 PERSONS)

Name of Referee : 1

First Name*

Middle Name*

Last Name*

Maiden*

Gender: (anyone)*

Male

Female

Gender Diverse

Email Address

Email Address*

Telephone Number

Phone Numbers (Home)

Phone Numbers (Mobile)*

Phone Numbers (Business)

Home Address

Address 1*

Address 2

District / Town*

State*

Country*

How long do you know this person? (must be >3 years)

Years*

APPLICATION FOR A FIREARM LICENCE OR PERMIT - FORM A

Relationship to You: (tick which applies)

- | | | |
|----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Colleague | <input type="checkbox"/> Pastor |
| <input type="checkbox"/> Lawyer | <input type="checkbox"/> Police Officer (Sergeant and above) | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Notary | <input type="checkbox"/> Other |

Name of Referee : 2

First Name*

Middle Name 2*

Last Name*

Maiden*

Gender

- Male
 Female
 Gender Diverse

Email Address

Email Address*

Telephone Number

Phone Numbers (Home)

Phone Numbers (Mobile)*

Phone Numbers (Business)

Home Address

Address 1*

Address 2

District / Town*

State*

Country*

APPLICATION FOR A FIREARM LICENCE OR PERMIT - FORM A

How long do you know this person? (must be >3 years)

Years*

Relationship to You: (tick which applies)

- | | | |
|----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Colleague | <input type="checkbox"/> Pastor |
| <input type="checkbox"/> Lawyer | <input type="checkbox"/> Police Officer (Sergeant and above) | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Notary | <input type="checkbox"/> Other |

PART 3: DECLARATION

I HEREBY DECLARE THAT (tick yes or no):

1. I have not previously been refused a firearms licence or permit (Give particulars of any refusal, if No)

- Yes No

2. I have not been convicted of any breach of the law. (Give particulars of any conviction)

- Yes No

3. I have not suffered from or been treated for any mental illness (If you have, give details)

- Yes No

4. I understand that if my application is successful, I have a responsibility to ensure that-

- A. the firearm is kept in a safe and secure place.
- B. it will only be used in compliance with the conditions of the licence and any relevant law and
- C. it will not fall into the hands of any unauthorized person.

- Yes No

5. I understand that I may not acquire, possess, use, modify, transfer or dispose of any firearm or ammunition without the appropriate license or permit from the appropriate authority.

- Yes No

6. I also understand that-

- A. If I no longer wish to retain a firearm or ammunition in my possession, it must be delivered into police custody.
- B. Any firearm or ammunition held in police custody will be forfeited to the Crown after twelve months.
- C. Any change of my name, address, or the land on which the firearm is to be used, or any business specified in the licence shall be notified to the appropriate authority within seven days of such change, and
- D. Any licence issued to me must be renewed according to the Firearms Law (1998 Revision).

- Yes No

APPLICATION FOR A FIREARM LICENCE OR PERMIT - FORM A

7. I understand that RCIPS reserves the right to inspect my safe, firearms, and ammunition at any time after the grant of the license.

Yes

No

8. In the event that I am subsequently incapacitated or (deceased), I hereby give permission to the below-mentioned person to contact the RCIPS and make arrangements for the retrieval, custody, and disposition, of the firearm or ammunition.

Yes

No

DETAILS OF THE PERSON DESIGNATED TO TURN IN FIREARMS*

Name

First Name*

Last Name*

Middle Name*

Telephone Number

Phone Number Home

Phone Number Mobile*

Phone Number Business

Email Address:

Email*

I hereby certify that the above information is correct and that the details of the weapon, reasons for possession, and use have not changed.

Signature of Applicant*

Dated (DD/MM/YYYY)*