

## FIREARMS REGULATIONS (1999 REVISION)

This form is for the application of a permit to import / export /transfer, or to dispose of a firearm or ammunition.

**Instructions:** All applicants must complete section b of this form. Then select and complete the relevant section that applies to you, and fill out all information requested.

### SECTION B: PERSONAL INFORMATION

\*Denotes Required Inputs

To\*

Applicant's Name:

<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 (DD/MM/YYYY)*	<input type="text"/> Nationality*
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<input type="text"/> Email Address*	<input type="text"/> Occupation*
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Home Address:

<input type="text"/> Address 1*	<input type="text"/> Address 2*
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<input type="text"/> District / Town*	<input type="text"/> Country*
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Postal Address:

<input type="text"/> P.O. Box	<input type="text"/> District / Town*
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<input type="text"/> Country*	<input type="text"/> Home Phone
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Business Address:

Address 1

Address 2

District / Town

Country

Postal Code

Office Phone

Application For

Import

Export

Transfer

Disposal

## SECTION B1: APPLICATION FOR AN IMPORT

I hereby request permission to import the firearm/ammunition described below on or before\*

Date\* \_\_\_\_\_

(date must be within six months of the date of application).

Country of Origin

Country\* \_\_\_\_\_

Firearm Details:

Make\* \_\_\_\_\_

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

Type\* \_\_\_\_\_

Serial No\* \_\_\_\_\_

Make \_\_\_\_\_

Caliber \_\_\_\_\_

Type \_\_\_\_\_

Serial No \_\_\_\_\_

Ammunition Details: (if there is no ammunition details please enter 0)

Qty\* \_\_\_\_\_

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

Qty\* \_\_\_\_\_

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

Purpose\* (tick all that apply)

Gun Club

Hunting / Sporting Event

Vermin Control

Other

I hereby certify that all the above information is true.

\_\_\_\_\_  
Signature of Applicant\*

\_\_\_\_\_  
Dated (DD/MM/YYYY)\*

## SECTION B2: APPLICATION FOR AN EXPORT

I hereby request permission to export the firearm described below to\*

Country of Origin:

Country\*

Reason for Export:

Reason\*

Date\*

and I do/do not intend to bring this firearm back into The Cayman Islands. (If the firearm is to be re-imported to the Cayman Islands section B1 above must also be completed).

Permit/License No\*

Expiry date\*

Firearm Details:

Make\*

Caliber\*

Type\*

Serial No\*

Make

Caliber

Type

Serial No

Ammunition Details: (If there is no ammunition details please enter 0)

Qty\*

Caliber\*

Qty\*

Caliber\*

Purpose\* (tick all that apply)

- Gun Club                     
  Vermin Control                     
  Hunting / Sporting Event                     
  Other

I hereby certify that all the above information is true.

\_\_\_\_\_  
Signature of Applicant\*

\_\_\_\_\_  
Dated (DD/MM/YYYY)\*

## SECTION B3: APPLICATION FOR AN TRANSFER

I hereby request permission to transfer the firearm described below to the following person

Permit/License No\*

Expiry date\*

### Firearm Details:

Make\*

Caliber\*

Type\*

Serial No\*

Make

Caliber

Type

Serial No

### Ammunition Details: (If there is no ammunition details please enter 0)

Qty\*

Caliber\*

Qty\*

Caliber\*

### Transfer To:

First Name\*

Last Name\*

Middle Name\*

Maiden Name\*

Birth Date\*

I hereby certify that all the above information is true.

\_\_\_\_\_  
Signature of Applicant\*

\_\_\_\_\_  
Dated (DD/MM/YYYY)\*

Gender

Male

Female

Gender Diverse

Home Address:

Address1\* \_\_\_\_\_

Address2\* \_\_\_\_\_

Twon/District\* \_\_\_\_\_

State\* \_\_\_\_\_

Country \_\_\_\_\_

Telephone No:

Home\* \_\_\_\_\_

Mobile\* \_\_\_\_\_

Business\* \_\_\_\_\_

Postal Address:

PO Box\* \_\_\_\_\_

District/Town\* \_\_\_\_\_

State\* \_\_\_\_\_

Postal Code\* \_\_\_\_\_

Country \_\_\_\_\_

I hereby certify that all the above information is true.

\_\_\_\_\_  
Signature of Applicant\*

\_\_\_\_\_  
Dated (DD/MM/YYYY)\*

## SECTION B4: APPLICATION FOR AN DISPOSAL

I hereby give notice to the Commissioner of Police/ District Commissioner that I wish to dispose of the firearm described below which has been handed into the police by me and which belongs to me/belongs to the following person:

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

No

Yes

Last Name\*

First Name\*

Middle Name\*

Email Address\*

Phone Number\*

### Home Address:

Address 1\*

Address 2\*

District / Town\*

State\*

Country\*

Permit/License No\*

Expiry date\*

### Firearm Details:

Make\*

Caliber\*

Type\*

Serial No\*

Make

Caliber

Type

Serial No

Ammunition Details: (If there is no ammunition details please enter 0)

Qty\*

Caliber\*

Qty\*

Caliber\*

I hereby certify that all the above information is true.

\_\_\_\_\_  
Signature of Applicant\*

\_\_\_\_\_  
Dated (DD/MM/YYYY)\*