



RCIPS
We Care, We Listen and We Act

Form C

CAYMAN ISLANDS

THE FIREARMS LAW (REVISED)

APPLICATION FORM FOR SPECIAL IGUANA CULLING LICENCE

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.
Cheques must be made payable to **CI GOVERNMENT**.

APPLICANT:

Surname: _____

First Name: _____

Middle Name (s): _____

Date of Birth: ____ / ____ / ____ Nationality: _____

Street Address: _____

Town/District: _____ Cell Phone: _____

Home Phone: _____ Email _____

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

Occupation: _____

Business Address: _____

Description of firearm for which the License is required:

Make: _____ Type: _____

Calibre: _____ Body# : _____

My Firearm Lic. # _____ Expires on: _____ / _____ / _____

It is subject to the following conditions of use; **(Conditions attached)**

I wish to apply for a special firearm license to cull iguanas in the D.O.E culling program.

I am are registered D.O.E. culler

I hereby certify that the above information is correct and that the details of the weapon, reasons for possession and use and the circumstances under which this license was originally granted have not changed since the last application.

I am hereby informed that my firearm must be stored in a metal gun safe which must be bolted to the floor and wall in my residence.

Applicant's signature: _____ Date: _____ / _____ / _____

Documents required:

- (1) Completed application form (C)
- (2) One passport size photograph, if no recent image is on file.
- (3) Copy of D. O. E. culling permit or contract