



# FIREARM LICENSING AUTHORITY

## Instructions for the RENEWAL OF AUTHORIZATION

### Licence holders will be required to do the following:

- A. Complete Renewal of Authorization Form (FLA018)
  - B. Submit proof of address: -
    - i. Utility Bill **or** Bank Statement (**no older than 3 months**) or
    - ii. Letter from a Justice of the Peace (must bear JP's seal)
- NB: All proof of address must bear holder's name**
- C. Complete the Safe Use and Handling Assessment (SUHA) process
  - D. Submit all handguns for ballistic testing where applicable.

❖ **A licence Holder is required to complete the Renewal process upon the expiration of the licence card – that is every five (5) years.**

### For further enquiries please contact us at:

#### **Headquarters**

91A Old Hope Road,  
Kingston 6, Jamaica, W.I.  
Tele: (876) 927-5159 - 60 /  
927-6057 - 59

#### **Montego Bay Regional Office**

Shop #9, Bogue City Centre  
Bogue, Montego Bay, St.  
James  
Tele: (876) 978-0245

#### **Mandeville Regional Office**

Shop G15, James Warehouse Plaza  
Mandeville, Manchester  
Tele: (876) 927-6073 / (876) 927-6075  
(876) 618-0487 (Digicel)

#### **St. Ann Regional Office**

Lot 60, Dairy Road  
Discovery Bay, St. Ann  
Tele: Flow- 876-670-0812  
Digicel- 876-618-2920-21

Visit our website at [www.fla.gov.jm](http://www.fla.gov.jm)

# FIREARM LICENSING AUTHORITY

## Request for Renewal of Licences, Certificates and Permits



Type of Authorisation:			
Firearm Broker's Licence <input type="checkbox"/>	Firearm Dealer's Licence <input type="checkbox"/>	Firearm User's Licence <input type="checkbox"/>	Antique Firearm Collector's Licence <input type="checkbox"/>
Firearm Manufacturer's Licence <input type="checkbox"/>	Gunsmith Licence <input type="checkbox"/>	Firearm Trainer's Licence <input type="checkbox"/>	Firearm Ranger Operator Licen <input type="checkbox"/>
Firearm User's (Business) Licence <input type="checkbox"/>	Firearm User's (Employee's) Certificate <input type="checkbox"/>	Firearm Shooting Range Licence <input type="checkbox"/>	
Firearm User's (Restricted) Licence <input type="checkbox"/>	Firearm User's (Secondary) Certificate <input type="checkbox"/>		
HOLDER'S NAME			T.R.N.
LAST NAME	FIRST NAME	MIDDLE NAME	
HOME TELEPHONE	BUSINESS TELEPHONE	MOBILE TELEPHONE	
OCCUPATION	BIRTHDATE  DD/MM/YYYY	GENDER  <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMAIL ADDRESS
<b>HOME ADDRESS</b>		<b>WORK ADDRESS</b>	
Street/District:		Street/District:	
City/Town:		City/Town:	
Parish:		Parish:	
Country:		Country:	
<b>CURRENT EMPLOYMENT DETAILS</b>			
Name of Business/Employer:	Address:		Period of Employment (eg. 1943-1987):
<b>PREVIOUS EMPLOYMENT</b>			
Name of Business/Employer:	Address:	Occupation:	Period of Employment (eg. 1943-1987):
<b>NEXT OF KIN</b>			
LAST NAME	FIRST NAME	MIDDLE NAME	Relationship to Applicant
EMAIL ADDRESS	HOME TELEPHONE	MOBILE TELEPHONE	GENDER  <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

**"WARNING:IT IS AN OFFENCE TO KNOWINGLY MAKE A FALSE DECLARATION ON THIS APPLICATION AND THIS MAY RESULT IN THE DENIAL AND/OR REVOCATION OF YOUR APPLICATION AND/OR AUTHORISATION.**

Has any Firearm Authorisations previously issued to you been revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, state reason:
Has any previous Firearm issued to you been lost <input type="checkbox"/> or stolen <input type="checkbox"/> Neither <input type="checkbox"/>
Have you or any member of your household ever been detained by police, arrested, charged and/or convicted of a criminal offence locally or abroad? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details
Have you ever been deported from a foreign country? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever suffered from any mental health issues? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, give details:
Have you ever engaged in alcohol, drugs or substance abuse? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been detained, convicted or charged with domestic violence?
If yes, give details
Are you domiciled or ordinarily a resident in Jamaica, (2 consecutive years) immediately preceding this application? YES <input type="checkbox"/> NO <input type="checkbox"/>

**Declaration of Truth**

I certify that the information provided on this application is true to the best of my knowledge, information and belief.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE**

<b>FOR OFFICIAL USE</b>			
<b>Application Number</b>	<b>INTERVIEW PROCESS</b>		
	Officer's Name	Officer's Signature	Interview Date  dd/mm/yy
<b>Required Service (s)</b>	<b>FINGERPRINT PROCESS</b>		
Interview <input type="checkbox"/> Fingerprint <input type="checkbox"/> Ballistic Testing <input type="checkbox"/>	Officer's Name	Officer's Signature	Fingerprint Date  dd/mm/yy
<b>Supporting documents</b>	<b>FIREARM EXAMINATION</b>		
<input type="checkbox"/> 2 Recommendations <input type="checkbox"/> Firearm Licence/Certificate	Type:	Model:	Calibre:

**"WARNING:IT IS AN OFFENCE TO KNOWINGLY MAKE A FALSE DECLARATION ON THIS APPLICATION AND THIS MAY RESULT IN THE DENIAL AND/OR REVOCATION OF YOUR APPLICATION AND/OR AUTHORISATION.**

<input type="checkbox"/> Fingerprint Receipt			
Licence Fee Payable:		Renewal Period:	
	Serial Number		
	Comments:	Signature:	
<b>Ballistic Notes</b>			
Total Firearms to be tested (words)	Firearms Tested (DD/MM/YY)		
Signature of Balistic Manager:		Date of Completion (DD/MM/YY)	
<b>PROVISIONAL RENEWAL- FOR THE DIRECTOR OF APPLICATIONS AND CERTIFICATION USE ONLY</b>			
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Approval (DD/MM/YY)	Comments	
Licence Issue Date	Licence Issue Division		
Director's Signature			

**"WARNING:IT IS AN OFFENCE TO KNOWINGLY MAKE A FALSE DECLARATION ON THIS APPLICATION AND THIS MAY RESULT IN THE DENIAL AND/OR REVOCATION OF YOUR APPLICATION AND/OR AUTHORISATION.**

**"WARNING:IT IS AN OFFENCE TO KNOWINGLY MAKE A FALSE DECLARATION ON THIS APPLICATION AND THIS MAY RESULT IN THE DENIAL AND/OR REVOCATION OF YOUR APPLICATION AND/OR AUTHORISATION.**