



FIREARM LICENSING AUTHORITY

Instructions for Filing an Appeal

Any person who is aggrieved by a decision of the Board of the Authority has a right to appeal.

An applicant has the right to appeal to the Review Panel within twenty-one (21) days of receiving a decision of the Board of the Authority if he is aggrieved by the said decision.

To commence the appeal process, the following documents must be submitted to the Authority:

1. **Completed application for Review of Authority's Decision form** (FLA 025);
2. **One (1) passport size photograph;**
3. **Letter addressed to the Review Panel** stating the grounds of the appeal;
4. **Application fee** of Fifty Thousand Dollars; (\$50,000.00)
5. **Copy of decision of the Board** which is being appealed;
6. Any other supporting documents or arguments.

The Review Board may conduct its hearing on paper or orally.

- Application Form(s) and supporting documents are to be submitted directly to the Firearm Licensing Authority (FLA), or any of the FLA offices. **ONLY COMPLETE APPLICATION PACKAGES WILL BE ACCEPTED.**
- An application fee payable at any of the FLA offices is required upon submission of application. **Debit Card, Credit Card and cash transactions are accepted.**

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

St. Ann Regional Office
Lot 60, Dairy Road
Discovery Bay, St. Ann
Tele: Flow- 876-670-0812

Visit our website at www.fla.gov.jm

SECTION D

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: _____
(DD/MM/YYYY)

FOR OFFICIAL USE ONLY

SECTION E

Application Number (if any):	
Date of Receipt:	Method of Submission:
Fees Paid:	Receipt Number:
Name of Receiving Officer:	Signature of Receiving Officer:

"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.