

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

Last updated: July 2024

FIREARM LICENSING AUTHORITY



Application for Review of Authority's Decision

Tax Registration No. (TRN)		Appeal Ty Denial □	pe: Revocation	□ Other	Date of Authority Decision (DD/MM/YY):		
Applicant's Name-Surna	ame, C	Chris	tian Names	Mr. □Mrs.	□ Ms. □	,	
Other names (including Professional names)			Email Address				
Occupation		Present Employer or Business					
Home Telephone No.	ome Telephone No. Cellular No.		Business Telephone No. including ext.				
SECTION B							
Present Place of Residence		Country		Parish	City/Town	Period of Reside	
SECTION C							
Grounds of Appeal (rea	ason(s	s) for	r requestin	g a review):			
If space provided	cann	ot co	ontain vour	desired inform	ation, an additiona	al page may be attached.	

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

Revised July 2023 FLA025

SECTION D

Declaration of Truth	
I certify that the information provided on this applica and belief.	tion is true to the best of my knowledge, information
Applicant's Signature	Date:(DD/MM/YYY)

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:

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