

FIREARM LICENSING AUTHORITY

Instructions for Completion of Application Form for Firearm Broker's Licence



Applicant **must be 21 years old and over** to apply.

The following supporting documents are required for an *Application for Firearm (Broker's) Licence*:

- A. One Completed (1) Application Form (**FLA 200**) (Application forms may be downloaded from the Authority's website (www.fla.gov.jm) or collected at any of the FLA Offices listed below.
- B. **Two (2) Passport photographs:**
- ✓ One (1) certified by a Justice of the Peace. NB: This should bear Justice of the Peace's registration number, signature & date. Photographs are to be taken against a white background.
- C. **Two (2) recommendations** from any of the following categories of persons:
- | | |
|---|--|
| ✓ Minister of Religion (must be a Marriage Officer); | ✓ Attorney-at-Law or Resident Magistrate; |
| ✓ Justice of the Peace; | ✓ Medical Doctor; |
| ✓ School Principal; | ✓ Member of the J.D.F (not below the rank of Major); and |
| ✓ Gazetted Rank Police Officer (not below the rank of Deputy Superintendent); | ✓ Member of Parliament |
- Recommendations are to be addressed to the Firearm Licensing Authority and **Must** state the applicant's address, the number of years the referee has known the applicant (**not less than 5 years**), as well as a reference to the applicant's character. **Recommendations and Authorization Letters are valid for 6 months.**
- D. **Proof of Age** (Birth Certificate. Original and Photocopy).
- Proof of name change if name has been changed:** (Marriage certificate, Deed poll, Divorce Decree)
- E. **Valid Government issued ID** (Passport, Driver's Licence or Voter's ID)
- F. **Valid Customs Broker Licence.**
- G. **Proof of Income** (Original and Photocopy): may include but not limited to – Bank Statement, Business Registration Certificate, Certificate of Incorporation (for existing business).
- H. **Declaration of Assets, Liabilities, Income** to include Source of Funding.
- I. **Individual Tax Compliance Certificate** – for applicant and partner(s).
- J. **Fingerprint Receipt**
- ✓ Purchase fingerprint receipt at the tax office, visit the Criminal Records Office to complete fingerprint process. Upon completion, the **original fingerprint receipt MUST accompany the application package for submission.**
- K. **Application Fee** (payable upon submission of application at the FLA Office).

Other Information:

- **Optional *- Photograph of proposed location and structure.**
- Application Form(s) and supporting documents are to be submitted directly to the Firearm Licensing Authority (FLA), or any of the addresses listed below. **ONLY COMPLETE APPLICATION PACKAGES WILL BE ACCEPTED.**
- Recommendations and Authorisation Letters issued more than 6 months prior to the submission of the application will **NOT** be accepted.
- Payment Methods Accepted: Debit Card, Credit Card and Cash.
- The date of the interview will be scheduled for up to the 10th working day (**excluding weekends and public holidays**) after receipt of the application by the FLA.

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

FIREARM LICENSING AUTHORITY

Application for Firearm Broker's Licence



To Be Completed in BLOCK LETTERS

Section A

<i>Applicant's Name</i> – Last Name, First Name, Middle Name Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/> Please state: _____					Photograph of Applicant
Other names (Nickname, alias, pet name)					
Date of Birth	Age	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Place and Parish of Birth (Hospital/Home, Clinic)		
Nationality		Marital Status		Email Address	
Home Telephone No.		Telephone No. (Mobile)		Business Telephone No. (including Ext.)	
<i>Next Of Kin Information</i>					
<i>Name</i> – Last Name, First Name, Middle Name Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>			Relationship to Applicant	Occupation	
Email		Home Telephone No.		Mobile	Business Telephone No. (including extension)
Referees (must not be the same person who wrote the recommendation)					
<i>Name</i> – Last Name, First Name, Middle Name Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>			Occupation		
Email		Home Telephone No.		Mobile	Business Telephone No. (including extension)
<i>Name</i> – Last Name, First Name, Middle Name Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>			Occupation		
Email		Home Telephone No.		Mobile	Business Telephone No. (including extension)
Are you domiciled or ordinarily a resident in Jamaica, (2 consecutive years) immediately preceding this application? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Current Address of Residence		Country	Parish	City/Town	Period of Residence (e.g. 1987- Present)
Previous Address of Residence		Country	Parish	City/Town	Period of Residence (e.g. 1943- 1987)
Have you ever lived or worked outside of Jamaica? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, state period(s), name of organization(s), location(s) and nature of employment in the space below.					
If yes, state address of last residence in the space below (if exceeds more than six months)					

Section B

I.D Type and Number (Driver's Licence, Passport, National ID)
Tax Registration No. (TRN) (Personal)
Tax Registration No. (TRN) (business)

Section C

Are you a registered Broker? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state licence number _____		
Name and Address of current Business/Employer	Date/Time Period e.g. (2000-Present)	Occupation
Name and Address of Previous Business/Employer	Date/Time Period e.g.(1999-2000)	Occupation

Section D

State Name Of Intended Business for which the Licence is being made
Address Of Intended Location:
Type of Business: Sole Proprietor (Individual) <input type="checkbox"/> Sole Proprietor (Company) <input type="checkbox"/> Partnership <input type="checkbox"/>
Is the intended location of the business owned <input type="checkbox"/> rented <input type="checkbox"/> leased <input type="checkbox"/> ?
What is the size of the location? _____
Please state the source of funding:

Section E

Have you ever applied for a Firearm Authorisation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What was the result?	
If yes, complete the section below.	
Type of Authorisation	Date of Issue
Has any Firearm Authorisation previously issued to you been revoked, cancelled, suspended, surrendered? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state reason: _____ _____ _____	
Has any previous Firearm issued to you been seized, lost or stolen? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable If yes, give details: _____ _____ _____	
Have you or any other 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 suffered from any mental health issues? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give details: _____ _____ _____	
Have you ever engaged in alcohol, drugs, or substance abuse? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been detained/convicted or charged with domestic violence? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Section F

State your reason(s) for application

Section G (Please read and indicate your agreement to each statement by ticking the boxes)

- I consent to be fingerprinted and consent that such prints may be used to facilitate background security checks.
- I am aware that this application may be discarded should I fail to complete the processes as required by the Authority.

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 _____

Section H

FOR OFFICIAL USE ONLY	
Date of Interview:	Method of submission:
Fees paid:	Payment receipt number:
Name of Interviewing Officer:	Signature of Interviewing Officer:
Name of Supervisor:	Signature of Supervisor: