

FIREARM LICENSING AUTHORITY

Instructions for Replacement of Stolen or Lost Firearm



1. Application for Firearm Licences, Certificates and Permits form (FLA204) may be downloaded from the Authority's website (www.fla.gov.jm) or collected at the FLA offices.
 - ❖ **Licence holder must report stolen/lost firearm immediately to the nearest police station.**
 - ❖ **Licence holder must visit the nearest FLA office and make a report of the stolen/lost firearm.**
 - ❖ **Where a holder fails to make the requisite reports without reasonable cause, he/she commits an offence.**

2. **The following is required upon submission for a Replacement of Stolen or Lost firearm(s):**
 - A. Completed Application form.
 - B. 1 Passport size photo (**certification not required**).
 - C. Fingerprint receipt applicable (*if the date of your last fingerprint done with the FLA exceeds five years*) ****
 - D. CR10 Receipt from the police station.
 - E. Valid Government issued ID (Passport, Driver's Licence, Voter's ID)
 - F. Pay the requisite fee by (**cash, credit/debit card**) at any FLA office.
 - G. Two (2) recommendations from any of the following categories of persons: -
 - ✓ Minister of Religion (must be a Marriage Officer);
 - ✓ Justice of the Peace;
 - ✓ School Principal;
 - ✓ Gazetted Rank Police Officer (not below the rank of Deputy Superintendent);
 - ✓ Attorney-at-Law or Resident Magistrate;
 - ✓ Medical Doctor;
 - ✓ Member of the J.D.F (not below the rank of Major); and
 - ✓ 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**
 - 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
(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 User's Licence



To Be Completed BLOCK LETTERS

PERSONAL

Section A

<i>Application Type</i> - New <input type="checkbox"/> , Replacement: Defective <input type="checkbox"/> , Non-Defective <input type="checkbox"/> , Stolen <input type="checkbox"/> , Lost <input type="checkbox"/>				Photograph of Applicant	
<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: _____					
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.		Mobile Telephone No.		Business Telephone No. (including Ext.)	
Next Of Kin Information					
<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)

Referees (Must not be the 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)

Section B

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

Present 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)

Section D

Name and Address of Present 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

"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.

Section E

Have you ever lived or worked outside of Jamaica? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, state period(s), name of organisation(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 F

State Type and Calibre of Firearm(s) for which the application is being made	
Nearest Police Station to Place of Residence	Nearest Police Station to Place of Employment/Business

Section G

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 Licence	Date of Issue
Has any Firearm Authorisation previously issued to you been revoked, cancelled, suspended, or surrendered? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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 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"/>	

Section H

State your reason(s) for application-

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Section I (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 J

For Official Use Only

Date of Interview:	Method of submission:
Fees paid:	Tax receipt number:
Name of Interviewing Officer:	Signature of Interviewing Officer:

NOT TO BE SOLD

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