

# FIREARM LICENSING AUTHORITY

## Instructions for Second Time Application



1. Applicant **must be 21 years old and over** to apply.
2. A single application form (**FLA204**) must be completed and signed by the applicant. Application forms may be downloaded from the Authority's website ([www.fla.gov.jm](http://www.fla.gov.jm)) or collected at any of our offices.
3. **A Second Time Applicant is defined as a person who was previously approved by the FLA and is currently the holder of a licenced firearm.**

The following supporting documents are required:

- A. **One (1) Passport sized photograph.** Photograph is to be taken against a white background.
  - B. **Proof of Address:**
    - ✓ Must be in holder's name;
    - ✓ No later than 3 months old; or
    - ✓ Can be a utility bill, bank statement or letter from a Justice of the Peace.
  - C. **Proof of Income** (Original and Photocopy):
    - ✓ Employed persons-Pay Slip or Job Verification Letter from employer (Last 3 months or letter not older than 3 months. Applicants paid fortnightly should submit last 6 payslips). **Letter Must be addressed to the FLA.**
    - ✓ Self-employed persons/ Business owners- a valid Business or Individual Tax Compliance Certificate (TCC), Business Registration Certificate is required where the applicant is a business i.e. a Company, Sole Trader or Partnership.
  - D. **Valid Government issued ID** (Passport, Driver's Licence or Voter's ID). (Original and Photocopy).
  - E. **Purchase fingerprint receipt:**
    - ✓ Purchase fingerprint receipt at the tax office, then visit the Criminal Records Office to complete fingerprint process. Upon completion, the **original fingerprint receipt MUST accompany the application package. (Applicable only if the applicant has not been manually fingerprinted within the last five years).**
  - F. **Justification Letter** stating the reason(s) for an additional firearm(s).
- Application Form(s) and supporting documents are to be submitted directly to the Firearm Licensing Authority (FLA), at any of the addresses listed below. **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  
(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.)	
<b>Next Of Kin Information</b>					
<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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