

# FIREARM LICENSING AUTHORITY

## Instructions For Completion of Application Form for Shooting Range Licences



1. Applicant **must be 21 years old and over** and be the existing holder of a firearm authorisation (**issued in Jamaica**) to apply.
2. A single application form (**FLA208**) must be completed and signed by the applicant. Application forms can be downloaded from the Authority's website ([www.fla.gov.jm](http://www.fla.gov.jm)) or collected at any of our offices

The following supporting documents are required for **Application for Shooting Range Licence**:

**A. Two (2) Passport photographs:**

- ✓ One (1) certified by a Justice of the Peace. NB: This should bear J. P's registration number, signature & date. Photographs are to be taken against a white background.

**B. Birth Certificate.** (Original and Photocopy).

- ✓ **Proof of name change if name has been changed:** (Marriage certificate, Deed poll, Divorce Decree)

**C. Valid Government issued ID** (Passport, Driver's Licence, Voters ID)

**D. Copy of Land Title/Lease Agreement.**

**E. Trauma First Aid Certification** (must be current).

**F. 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**).

**G. Drawing / proposed range layout of the property showing boundaries done by a commissioned surveyor.**

**H. Authorization letter** from Municipal Council / Parish Council.

**I. Authorization letter** from National Environment Planning Agency (**NEPA**).

**J. A non-objection letter from the Superintendent of the Police.**

**K. Justification letter** stating the reason for the application.

- 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.**
- Recommendations and Authorization Letters issued more than 6 months prior to the submission of the application will ***NOT*** 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.
- **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/  
(876) 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) 962-3063

**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 Shooting Range Licence



**To Be Completed in BLOCK LETTERS**

### Section A

Applicant's Name – 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.		Mobile Telephone No.		Business Telephone No. (including Ext.)	
<b>Next Of Kin Information</b>					
Name – Last Name, First Name, Middle Name Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>			Relationship to Applicant		Occupation
Email Address		Home Telephone No.		Mobile No.	Business Telephone No. (including extension)
<b>Referees (Must not be the person who wrote the recommendation)</b>					
Name – Last Name, First Name, Middle Name Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>				Occupation	
Email Address		Home Telephone No.	Mobile No.	Business Telephone No. (including extension)	Period of Residence (e.g. 1987- Present)
Name – Last name, First Name, Middle Name Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>				Occupation	
Email Address		Home Telephone No.	Mobile	Business Telephone No. (including extension)	Period of Residence (e.g. 1987- Present)

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)	
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 <input type="checkbox"/> , cancelled <input type="checkbox"/> , suspended <input type="checkbox"/> , 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 other member of your household ever been detained by police, arrested, charged and/or convicted of a criminal offence locally or abroad? Yes  No

If yes, give details: \_\_\_\_\_

Have you ever been declared bankrupt? Yes  No

If yes, give details: \_\_\_\_\_

Are you tax compliant? Yes  No

Are you domiciled or ordinarily a resident in Jamaica, (2 consecutive years) immediately preceding this application?

YES  NO

Have you ever suffered from any mental health issues? YES  NO

Have you ever engaged in alcohol, drugs or substance abuse? YES  NO

Have you ever been detained/convicted or charged with domestic violence? YES  NO

**Name of Range Operator(s)**

Name Address Contact Tel. No.

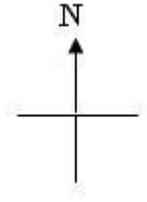
Name Address Contact Tel. No.

*Information for additional persons may be submitted by separate attachment.*

<b>Name of Property Owner</b>	<i>Last</i>	<i>First</i>	<i>Middle</i>
<b>Residential Address</b>			
<b>Type of Range</b>	Indoor [ ]		Outdoor [ ]
<b>Location of Range</b>			
<b>Name of Range</b>			

**Diagram of Range  
Layout / Plan  
and  
Approximate  
Dimensions**

*Detailed plans may be  
submitted by separate  
attachment*



NOT TO BE SOLD

<b>Specialized Features</b>			
		<b>Usage Intended:</b>	
Handgun:	Basic Training	10m min. [ ]	Sport [ ] Max. Distance ___m
Shotgun:	Basic Training	25m min. [ ]	Sport [ ] Max. Distance ___m
Rifle:	Basic Training	50m min. [ ]	Sport [ ] Max. Distance ___m
<b>Classification Requested:</b>			
Class I	On-Site Storage / Sale of Ammunition	[ ]	On-Site Storage of Firearms [ ]
Class II	Off-Site Storage / Sale of Ammunition [ ]		
Class III	Shooting Facility Only		

*See FLA specifications guide for Operational & Security Requirements. Please provide details of your storage facilities in a separate attachment.*

<b>Submission</b>	<i>Signature</i>	<i>TRN</i>	<i>Date</i>
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(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: \_\_\_\_\_

For Official Use Only			
<b>Inspection (1)</b>	<i>Date</i>	<i>Name</i>	<i>I.D. No.</i>
			Report Attached [ ]
<b>Comments</b>			
<b>Inspection (2)</b>	<i>Date</i>	<i>Name</i>	<i>I.D. No.</i>
			Report Attached [ ]
<b>Comments</b>			
<b>Certification Status</b>	Approved [ ]		Classification _____ Declined [ ]
<b>Special Conditions</b>			
<b>Approval</b>	<i>Date</i>	<i>Name</i>	<i>I.D. No.</i>
			Place Stamp Here