

# FIREARM LICENSING AUTHORITY

## Instructions For Completion of Application Form for Gun Club Licence



1. A single application form (**FLA209**) must be completed and signed by the applicant. Application forms may be downloaded from the Authority's website (<https://fla.gov.jm/>) or collected at any of the FLA Offices
2. Applicant **must be 21 years old and over** and be the existing holder of a firearm authorisation (issued in Jamaica) to apply.
3. The following supporting documents are required for **Application for Gun Club Licence (In accordance with the Registration of Club Act 1986, the club must consist of no less than twenty-five members)**:

A. **Two (2) Passport sized 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. (**Do not seal photos**).

B. **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.

C. **Proof of Club Registration.**

D. **Valid Government issued ID (Passport, Driver's Licence, Voter's ID)**

E. **Fingerprint Receipt:**

- ✓ Purchase a 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**. (**Applicable only if the applicant has not been manually fingerprinted within the last five years**).

F. **List (Name, address and TRN) of all responsible officers**, which must include the secretary of the club.

G. **Letter outlining the objectives of the Gun Club.**

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

- 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

**FIREARMLICENSING AUTHORITY****Application for Gun Club Licence****To Be Completed in BLOCK LETTER****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.)

**Next Of Kin Information**

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.	Cellular	& Business Telephone No.(including extension)

**Referees (Must not be the person who wrote the recommendation)**

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)
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)

Tax Registration No. (TRN)

I.D Type and Number(Driver's License, Passport, National ID)

Present Address of Residence	Country	Parish	City/Town	Period of Residence (e.g. 1987-Present)
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Previous Address of Residence	Country	Parish	City/Town	Period of Residence (e.g. 1943-1987)
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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

Have you ever lived or worked outside of Jamaica? Yes  No 

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 B – Details of Gun Club**

Name:	Address:
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**Section C**

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"/> , or surrendered <input type="checkbox"/> ? <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? Yes <input type="checkbox"/> , No <input type="checkbox"/> , Not applicable <input type="checkbox"/> If yes, state reason:	
Have you 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? Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/>	
Have you ever suffered from any mental health issues? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 D**

State your reason(s) for application

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**Section E** (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 F****For Official Use Only**

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