

FIREARM LICENSING AUTHORITY

Instructions for Completion of Application Form for Antique Firearm Collector's Licence



1. Applicant **must be 21 years old and over** to apply
2. A single application form (FLA211) must be completed and signed by the applicant. Application forms may be downloaded from the Authority's website (www.fla.gov.jm) or collected at our offices.

The following supporting documents are required for *Antique Firearm Collector's 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. **(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. **Recommendations and Authorization Letters are valid for 6 months.**

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

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

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

E. **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 person's/ Business owners- a valid Business or Individual Tax Compliance Certificate (TCC), Business Registration Certificate are required where the applicant is a business i.e. a Company, Sole Trader or Partnership.

F. **Fingerprint receipt**

- ✓ Purchase a 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 for submission.**

G. **Documentary evidence of the firearm(s) and or ammunition being manufactured before or during the year 1890.**

Other Information:

- ✓ Application Form(s) and supporting documents are to be submitted directly to the Firearm Licensing Authority (FLA), or any of our 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/
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

FIREARMLICENSING AUTHORITY

Application for Antique Firearm Collector's 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.)	
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.	Mobile	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	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	Business Telephone No. (including extension)

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

Current 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 <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 B – Licence Details

Name of Firearm Holder in Relation to whose firearm(s) the Certificate/Permit is being sought	Address	Telephone No.	Make, Type, Calibre and Serial No. of Firearm(s)

Section C – Antique Firearm Details

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 Permit	Firearm Make, Type, Calibre	Serial No. of Firearm	Age of Firearm
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? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
If yes, give details			
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"/>			
If yes, give details:			

Section D

State your reason(s) for application

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Section E - Declaration (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: