

FIREARM LICENSING AUTHORITY

Instructions For Completion of Application Form for Firearm Range Operator's Licence



1. Applicant **must be 21 years old and over** to apply. Applicant **Must** be a firearm Holder.
2. A single application form (**FLA 212**) must be completed and signed by the applicant. Application forms can be downloaded from the Authority's website (www.fla.gov.jm) or collected at any of our offices.

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

- A. **Two (2) Passport photographs**, one (1) certified by a Justice of the Peace. NB: This should bear JP's registration number, signature & date. Photographs are to be taken against a white background. (**Do not seal photos**)
- B. **Proof of Income** (Business Registration Certificate, Valid Business or Individual (TCC) or Payslips Last 3 months (applicants paid fortnightly should submit last 6 payslip).
- C. **Valid Government issued ID** (Passport, Driver's Licence, Voter's ID)
- D. **First Aid Certificate** (must not be expired).
- E. **Letter of Authorization from Owner of Shooting Range** (where applicable) for which the application is being made.
- F. **Experience Handling Firearms:**
Must have at least three (3) years' experience handling firearms (e.g. JDF & JCF Personnel). If the applicant is not a member of the JDF or JCF he / she must be a firearm holder for at least three (3) years. (Applicant **MUST** be a Firearm Holder).
- G. **Justification letter** stating the reason/s for the application.

- 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 is payable at any of the FLA offices upon submission of application. Accepted Payment Methods - Debit Card, Credit Card and Cash.

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 Range Operator'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. | | Telephone No. (Mobile) | | 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 | | Home Telephone No. | Mobile | Business Telephone No. (including extension) |
| Referees (must not be the same 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 | | 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 | | Home Telephone No. | Mobile | Business Telephone No. (including extension) |
| Are you domiciled or ordinarily a resident in Jamaica, (2 consecutive years) immediately preceding this application? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Current 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) | | | | |
| 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) | | | | |
| | | | | |

Section B

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

Section C

| | | |
|--|---|------------|
| Name and Address of current 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 |

Section D

| | | |
|---|--|--|
| State Name Of Intended Business for which the Licence is being made | | |
| Address Of Intended Location: | | |
| Type of Business: Sole Proprietor (Individual) <input type="checkbox"/> Sole Proprietor (Company) <input type="checkbox"/> Partnership <input type="checkbox"/> | | |
| Please List the Directors/Proprietors | | |
| Is the intended location of the business owned <input type="checkbox"/> rented <input type="checkbox"/> leased <input type="checkbox"/> ? | | |
| What is the size of the location? _____ | | |
| Please state the source of funding: | | |

Section E

| | |
|--|---------------|
| 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, cancelled, suspended, surrendered? <input type="checkbox"/> YES <input type="checkbox"/> NO 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 <input type="checkbox"/> No <input type="checkbox"/> If yes, give details: _____ _____ _____ | |
| Have you ever suffered from any mental health issues? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give details: _____ _____ _____ | |
| 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 F

State your reason(s) for application

Section G (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 H

| FOR OFFICIAL USE ONLY | |
|-------------------------------|------------------------------------|
| Date of Interview: | Method of submission: |
| Fees paid: | Payment receipt number: |
| Name of Interviewing Officer: | Signature of Interviewing Officer: |
| Name of Supervisor: | Signature of Supervisor: |