

FIREARM LICENSING AUTHORITY

Instructions for Completion of Application Form for Firearm User's Special Certificate



1. Applicant **must be 21 years old and over** to apply.
2. A single application form (**FLA215**) 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 any of our offices.

The following supporting documents are required:

- A. **One (1) Passport sized photograph.** Photographs are to be taken against a white background. (**Do not seal photos**)
- B. **Birth Certificate** (Birth Certificate. Original and Photocopy).
- ✓ **Proof of name change** (if name has been changed) Marriage certificate, Deep poll, Divorce Decree)
- C. **Valid Government issued ID.** (Passport, Driver's Licence or Voter's ID)
- D. **Authorization letter from the Ministry of National Security** (where there is a request to import banned or restricted items, firearms and accessories).
- E. **No objection letter from the divisional commander within Jamaica Constabulary Force**
- F. **Letter from the organizer of the event outlining the following: -**
 - I. The duration and location of the event.
 - II. The use and type of firearms, ammunition and accessories.
 - III. Safety protocols of event.
 - IV. The protocols regarding the transportation, issuance and storage of the firearms, ammunition and accessories.
- G. **Licence fee receipt.**
 - 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.**
 - 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.***

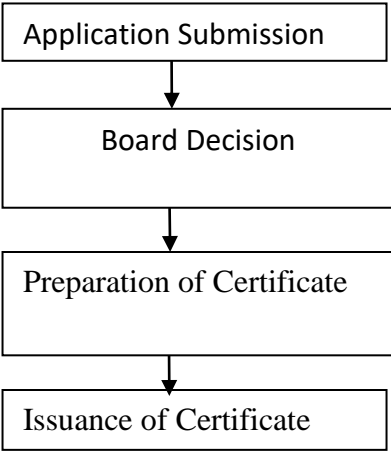
For further enquiries please contact us at:

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

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 (Special) Certificate



To Be Completed in BLOCK CAPITALS

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	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	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)

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 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

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 - Certificate

State Type and Calibre of Firearm(s) for which the application is being made

"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 C

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 D – Firearm Details

Have you ever applied for a Firearm Authorisation? Yes No

What was the result?

If yes, complete the section below. N.B. For Private Security Companies, Gun Clubs etc., if additional space is required then list separately, sign and attach to Application Form.

Type of Licence	Firearm Make, Type, Calibre	Serial No. of Firearm	Parish of Issue	Date of Issue

Has any Firearm Authorisation previously issued to you been revoked, cancelled, suspended or surrendered? Yes No

If yes, state reason:

Has any previous Firearm issued to you been seized, lost or stolen? YES NO Not applicable

If yes, state reason:

Have you 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 deported from a foreign country? YES NO

If yes, state reason:

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

Section E – Reason for Application:

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Section F - (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 G

For Application 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:	
Morpho Results:			
		Signature _____ Date _____	

Not to be Sold

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