

# FIREARM LICENSING AUTHORITY

## Instructions for Completion of Application Form for Firearm User's Permit



### **REQUIREMENT FOR NEW APPLICATION:**

1. Applicant **must be 12 years old to 20 years old** to apply
2. Completed Firearm User's Permit application form – **FLA 216** (signed by applicant and primary holder). Download form from the FLA's website ([www.fla.gov.jm](http://www.fla.gov.jm)).

The following supporting documents are required: -

- A. **Birth Certificate** (Birth Certificate. Original and Photocopy).  
**Proof of name change** (if name has been changed) (Marriage certificate, Deep poll, Divorce Decree).
- B. **Valid Government issued ID** (Passport, Driver's Licence, Voter's ID)
- C. **One (1) Passport Size Photograph.**
- D. **Copy of Applicant's TRN** (TRN card or Driver's Licence).
- E. **Copy of Firearm User's Licence and current certificate of registration** belonging to the primary holder.
- F. **Licence fee receipt.** (Purchased at the FLA's Offices)

### **REQUIREMENT FOR RENEWAL):**

- A. **One (1) completed Renewal Form (FLA014).**
- B. **Licence fee** (paid at the FLA offices upon submission of completed documents).
- C. **Copy of current licence card and licence fee certificate** (for firearms listed on application form) belonging to primary holder.
- D. **Permit previously issued.** If cannot be located, a letter stating same is required.
  - Applicant who wishes to use a different firearm from the one previously approved, is required to submit all the documents needed for a **New Firearm User's Permit**.
  - **Applicants 18 years and over will be electronically fingerprinted.**
  - 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.**
  - 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  
(876) 618-0487 (Digicel)

**St. Ann Regional Office**  
Lot 60, Dairy Road  
Discovery Bay, St. Ann  
Tele: Flow- 876-670-0812  
Dinirel 876-618-2920-21

# FIREARM LICENSING AUTHORITY

## Application for Firearm User's Permit



**To Be Completed in BLOCK  
CAPITALS**

**Section A- To be completed by applicant (ages 12-20)**

						Photograph of Applicant
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: _____						
Other names: (Nickname, alias, pet name)			Tax Registration No.: (TRN)			
Date of Birth:	Age	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status:		
				Married	Divorced	Single
Place and Parish of Birth: (Hospital/Clinic/Home)				Nationality:		
Current Address of Residence:						
Mobile Number:		Home Number:		Work/Business Number:(Including Ext.)		
Name and Address of Current Business/Employer:						
Occupation:			Email Address: (MUST BE WRITTEN IN BLOCK CAPITALS)			
<b>NEXT OF KIN INFORMATION</b>						
Last Name:		First Name:		Middle Name:		Relationship to Applicant:
Email address: (BLOCK CAPITALS)				Gender: Male	Female	
Home Telephone No.		Mobile Telephone No.			Work/Business No.	
<b>State the details of the firearm for which the Firearm User's Permit Provisional application is being made:</b>						
Firearm Make:	Firearm Model:	Firearm Type:	Firearm Calibre:	Firearm Serial Number:		
1.						
2.						
3.						
Have you ever applied for a Firearm Authorisation? Yes      No						
If Yes, what was the result?						
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?  YES  NO  Not Applicable

If yes, give details:

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Have you ever been deported from a foreign country? Yes  No

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

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Are you domiciled or ordinarily a resident in Jamaica, (2 consecutive years) immediately preceding this application?  
 YES  NO

**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 B -To be completed by Primary Holder**

Name:(Last Name, First Name, Middle Name)			TRN:	
Mobile Number:	Home Number:	Work/Business Number:	Email Address (IN BLOCK CAPITALS)	
Current Address of Residence:				
Name and Address of Present Business/Employer:			Occupation:	
Licence Card No:	Licence Fee Certificate No.:	Date of Last Renewal:	Expiration Date of Licence Fee Cert.:	
Firearm Make:	Firearm Model:	Firearm Type:	Firearm Calibre:	Firearm Serial No.:
1.				
2.				
3.				
<p><b>Have you ever been arrested/charged/convicted of an offence?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, give details:</p> <hr/> <hr/>				
<p><b>Have you ever suffered from any mental health issues?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, give details:</p> <hr/> <hr/>				
<p>Have you ever engaged in alcohol, drugs or substance abuse? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>				

Have you ever been detained/convicted or charged with domestic violence?

If yes, give details:

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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.

Primary Holder's Signature:

Date: \_\_\_\_\_

**TO BE COMPLETED BY APPLICANTS 18 YEARS OR OLDER**

**Have you ever been arrested/charged/convicted of an offence?**  YES  NO

If yes, give details:

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

If yes, give details:

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

**Have you ever been detained/convicted or charged with domestic violence?**

If yes, give details:

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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.
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**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**

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:

Not to be sold

not to be sold