

FIREARM LICENSING AUTHORITY

Application for Firearm Shooting Range 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 No.	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)	Period of Residence (e.g. 1987- Present)
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)	Period of Residence (e.g. 1987- Present)

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)	
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Has any Firearm Authorisation previously issued to you been revoked 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"/> , 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? <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 No

If yes, give details: _____

Have you ever been declared bankrupt? Yes No

If yes, give details: _____

Are you tax compliant? Yes No

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

Name of Range Operator(s)

Name Address Contact Tel. No.

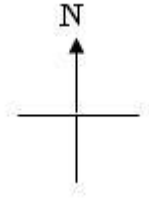
Name Address Contact Tel. No.

Information for additional persons may be submitted by separate attachment.

Name of Property Owner	<i>Last</i>	<i>First</i>	<i>Middle</i>
Residential Address			
Type of Range	Indoor []		Outdoor []
Location of Range			
Name of Range			

**Diagram of Range
Layout / Plan
and
Approximate
Dimensions**

*Detailed plans may be
submitted by separate
attachment*



NOT TO BE SOLD

Specialized Features			
		Usage Intended:	
Handgun:	Basic Training 10m min. []	Sport []	Max. Distance ____m
Shotgun:	Basic Training 25m min. []	Sport []	Max. Distance ____m
Rifle:	Basic Training 50m min. []	Sport []	Max. Distance ____m
Classification Requested:			
Class I	On-Site Storage / Sale of Ammunition []	On-Site Storage of Firearms []	
Class II	Off-Site Storage / Sale of Ammunition []		
Class III	Shooting Facility Only		

See FLA specifications guide for Operational & Security Requirements. Please provide details of your storage facilities in a separate attachment.

Submission	<i>Signature</i>	<i>TRN</i>	<i>Date</i>
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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.

Applicant's Signature: _____ Date: _____

For Official Use Only			
Inspection (1)	<i>Date</i>	<i>Name</i>	<i>I.D. No.</i>
			Report Attached []
Comments			
<hr/>			
Inspection (2)	<i>Date</i>	<i>Name</i>	<i>I.D. No.</i>
			Report Attached []
Comments			
<hr/>			
Certification Status	Approved []		Classification _____ Declined []
Special Conditions			
Approval	<i>Date</i>	<i>Name</i>	<i>I.D. No.</i>
			Place Stamp Here

"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.