

FIREARM LICENSING AUTHORITY

Application for Approved Firearm Trainer's Licence



To Be Completed in BLOCK LETTER

Section A

Applicant's Name – Last Name, First Name, Middle Name Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Photograph of Applicant
Other names (Nickname, alias, petname)	

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)
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)

Section B

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

Present 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. 1987-Present)

Section D

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

Section E

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 F

Certification and Qualifications or Skills. Proof must be provided upon submission of application		
State Type of Certification in Firearm Training and any other related qualification	Name of Certifying Organization/Institution	Year of completion

Section G

Name of Medical Practitioner from which the Medical Certificate was obtained	Date of examination	Address of Medical Practitioner	Telephone No. of Medical Practitioner

Section H

Name of Approved Firearm Training Facility/ <i>Classroom</i> and Range(s) where training will be conducted.
Primary address where training will be conducted:

Section I

Have you ever applied for a Firearm Trainer's Licence? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are you the holder of a Firearm User's Licence? Yes <input type="checkbox"/> No <input type="checkbox"/>				
What was the result?				
If yes, complete the section below. 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 <input type="checkbox"/> , cancelled <input type="checkbox"/> , suspended <input type="checkbox"/> , or surrendered <input type="checkbox"/> ? <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, state reason:				
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"/>				

Section J

State your reason(s) for application -
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Section K (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 L

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:

NOT TO BE SOLD