

# 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.)
<i>Next Of Kin Information</i>				
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)
<b>Referees (must not be the same person who wrote the recommendation)</b>				
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**

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: