

FIREARM LICENSING AUTHORITY

Application for Firearm User's (Secondary) Certificate



To Be Completed in BLOCK LETTERS

PERSONAL

Section A

| | | | | | |
|--|-----|--|---|---|--|
| Applicant's Name – First Name, Last 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.) | |
| <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 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) |
|----------------------------|---|

Section C

| | | | | |
|------------------------------|---------|--------|-----------|---|
| 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) |
|-------------------------------|---------|--------|-----------|--------------------------------------|

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

| State the details of the firearm for which the Firearm User's Secondary Certificate application is being made: | | | | |
|--|----------------|---------------|------------------|------------------------|
| Firearm Make: | Firearm Model: | Firearm Type: | Firearm Calibre: | Firearm Serial Number: |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Section G

| | |
|--|--|
| Nearest Police Station to Place of Residence | Nearest Police Station to Place of Employment/Business |
| | |

Section H

| | | | |
|--|---------|---------------|--|
| Name of Firearm Holder in relation to whose firearm(s) the Certificate is being sought | Address | Telephone No. | Make, Type, Calibre and Serial No. of Firearm(s) |
| | | | |

Section I

Have you ever applied for a Firearm Authorisation? Yes No

What was the result?

If yes, complete the section below.

| | |
|------------------|----------------|
| Type of Licence: | 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, give details:

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, give details:

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
If yes, give details:

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
If yes, give details:

Section J

State your reason(s) for application:

Section K

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 - 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: |

"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.

| | | | |
|------------------|------------------------------|-----------------------|---------------------------------------|
| 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: |
| 1. | | | |
| 2. | | | |
| 3. | | | |

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

If yes, give details:

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

If yes, give details:

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:

(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.
- I authorize the above applicant to use the above-mentioned Firearm(s).

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: _____

Section M

For Official Use Only

| | |
|-------------------------------|------------------------------------|
| Date of Interview: | Method of submission: |
| Fees paid: | Tax receipt number: |
| Name of Interviewing Officer: | Signature of Interviewing Officer: |