

# FIREARM LICENSING AUTHORITY

## Application for Firearm User's (Special) Certificate



### To Be Completed in BLOCK CAPITALS

**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	Home Telephone No.	Mobile & 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	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)

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

Current Address of Residence	Country	Parish	City/Town	Period of Residence (e.g. 1987- Present)
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Previous Address of Residence	Country	Parish	City/Town	Period of Residence (e.g. 1943- 1987)
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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

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 B - Certificate**

State Type and Calibre of Firearm(s) for which the application is being made

**"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.**

**Section C**

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

**Section D – Firearm Details**

Have you ever applied for a Firearm Authorisation? Yes  No

What was the result?

If yes, complete the section below. N.B. For Private Security Companies, Gun Clubs etc., 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, 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, state reason:

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, state reason:

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

**Section E – Reason for Application:**

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**Section F - (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 G**

*For Application 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:	
Morpho Results:			
		Signature _____ Date _____	

Not to be Sold

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