

FIREARM LICENSING AUTHORITY

Application for Firearm User's Permit



**To Be Completed in BLOCK
CAPITALS**

Section A- To be completed by applicant (ages 12-20)

						Photograph of Applicant
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: _____						
Other names: (Nickname, alias, pet name)			Tax Registration No.: (TRN)			
Date of Birth:	Age	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status:		
				Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/>		
Place and Parish of Birth: (Hospital/Clinic/Home)				Nationality:		
Current Address of Residence:						
Mobile Number:		Home Number:		Work/Business Number:(Including Ext.)		
Name and Address of Current Business/Employer:						
Occupation:			Email Address: (MUST BE WRITTEN IN BLOCK CAPITALS)			
NEXT OF KIN INFORMATION						
Last Name:		First Name:		Middle Name:		Relationship to Applicant:
Email address: (BLOCK CAPITALS)				Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Home Telephone No.		Mobile Telephone No.			Work/Business No.	
State the details of the firearm for which the Firearm User's Permit Provisional application is being made:						
Firearm Make:	Firearm Model:	Firearm Type:	Firearm Calibre:	Firearm Serial Number:		
1.						
2.						
3.						
Have you ever applied for a Firearm Authorisation? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If Yes, what was the result?						
Has any Firearm Authorisation previously issued to you been revoked, cancelled, suspended, surrendered?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? YES NO Not Applicable

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

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 B -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:	
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:	Firearm Serial No.:
1.				
2.				
3.				
Have you ever been arrested/charged/convicted of an offence? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, give details:				

Have you ever suffered from any mental health issues? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, give details:				

Have you ever engaged in alcohol, drugs or substance abuse? <input type="checkbox"/> YES <input type="checkbox"/> 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.

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: _____

TO BE COMPLETED BY APPLICANTS 18 YEARS OR OLDER

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.

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

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:

Not to be sold

not to be sold