

FIREARM LICENSING AUTHORITY

Request for Renewal of Licences, Certificates and Permits



TO BE COMPLETED BY APPLICANT IN OWN HANDWRITING

LICENCE HOLDER'S NAME			T.R.N.	
LAST NAME	FIRST NAME	MIDDLE NAME		
SECURE EMAIL ADDRESS		HOME TELEPHONE	MOBILE TELEPHONE	WORK/BUSINESS TELEPHONE
HOME ADDRESS		SAFE USE AND HANDLING <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	BIRTHDATE	SEX
WORK/BUSINESS NAME AND ADDRESS			DD/MM/YYYY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		DATE _____	OCCUPATION	
NEXT OF KIN NAME (FIRST AND LAST)	NEXT OF KIN ADDRESS			NEXT OF KIN TELEPHONE [CELL]
				NEXT OF KIN TELEPHONE [HOME]
FIREARM LICENCE IDENTIFICATION CARD DETAILS				
LICENCE NO.	ISSUE DATE DD/MM/YYYY	EXPIRATION DATE	ISSUE LOCATION	<input type="checkbox"/> RESTRICTED FIREARM
DATE OF LAST RENEWAL	RELATED USER LICENCE DETAILS (IN THE CASE OF EMPLOYEE CERTIFICATE OR SPECIAL PERMIT)			
DD/MM/YYYY	HOLDER'S NAME	LAST	FIRST	MIDDLE
LICENCE TYPE : <input type="checkbox"/> FIREARM USER'S LICENCE <input type="checkbox"/> FIREARM USER'S (SPECIAL) PERMIT <input type="checkbox"/> FIREARM USER'S (EMPLOYEE) CERTIFICATE	HOME ADDRESS			
	WORK/BUSINESS NAME AND ADDRESS			
FIREARM DETAILS				
MAKE	MODEL	CALIBRE	<input type="checkbox"/> PISTOL <input type="checkbox"/> REVOLVER <input type="checkbox"/> SHOTGUN <input type="checkbox"/> RIFLE	I ATTEST TO THE ACCURACY OF THIS INFORMATION (PLACE SIGNATURE HERE)
SERIAL NUMBER				
FOR FIREARM INSPECTING OFFICER USE ONLY				
FIREARM INSPECTED	DATE OF INSPECTION	IDENTIFICATION NUMBER		
<input type="checkbox"/> YES <input type="checkbox"/> NO	DD/MM/YYYY			
RENEWAL PERIOD	LICENCE FEE PAYABLE	NAME OF OFFICER		
	\$			
LOCATION ASSIGNED	DATE OF APPROVAL	SIGNATURE		