

FIREARM LICENSING AUTHORITY

Application for Firearm User's Licence



To Be Completed BLOCK LETTERS

PERSONAL

Section A

<i>Applicant's Type:</i> – New <input type="checkbox"/> , Replacement: Defective <input type="checkbox"/> , Non-Defective <input type="checkbox"/> , Stolen <input type="checkbox"/> , Lost <input type="checkbox"/> <i>Applicant's Name</i> – 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"/>		Occupation		Relationship to Applicant:
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)
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Section C

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

Nearest Police Station to Place of Residence

Nearest Police Station to Place of Employment/Business

Section GHave 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 or any member of your household 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 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

Are you domiciled or ordinarily a resident in Jamaica, (2 consecutive years) immediately preceding this application? Yes No **Section H**

State your reason(s) for application-

Section I (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 J**FOR OFFICIAL USE ONLY**

Date of Interview:

Method of submission:

Fees paid:

Tax receipt number:

Name of Interviewing Officer:

Signature of Interviewing Officer: