

FIREARM LICENSING AUTHORITY

Application for Firearm Licences, Certificates and Permits



To Be Completed in Applicant's Own Handwriting

Section A

Application Type New <input type="checkbox"/> Replacement: Defective <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> Non-Defective <input type="checkbox"/>				Applicant should attach one photograph here (Glue and Staple)
Type of Licence being applied for: Firearm User's Licence Business <input type="checkbox"/> Firearm User's Licence Restricted <input type="checkbox"/> Firearm User's Licence <input type="checkbox"/> Firearm User's (Employee's) Certificate <input type="checkbox"/> Firearm Dealer's Licence <input type="checkbox"/> Firearm User's (Special) Permit <input type="checkbox"/> Gunsmith Licence <input type="checkbox"/>				
Applicant's Name – Surname, Christian 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)				
Date of Birth	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.	Cellular Telephone No.	Business Telephone No. (including Ext.)		
Next Of Kin Information				
Name – Surname, Christian Name, Middle Name Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>		Relationship to Applicant	Occupation	
Email	Home Telephone No.	Cellular & 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)
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 Type and Calibre of Firearm(s) for which the Licence, Certificate or Permit application is being made	
Nearest Police Station to Place of Residence	Nearest Police Station to Place of Employment/Business

Section G

<i>To Be Completed by Persons Applying for a Firearm User's (Employee's) Certificate</i>			
Name of Employer	Address	Telephone No.	Private Security Regulation Authority I.D. Card No (Company)

WARNING: TO MAKE A FALSE OR MISLEADING STATEMENT ON THIS FORM MAY RESULT IN THE DENIAL AND/OR REVOCATION OF YOUR APPLICATION AND/OR LICENCE.

Section H*To be completed by persons Applying for Firearm Special User's Licence*

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 I

Have you ever applied for a Firearm Licence, Certificate or Permit? 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 Licence, Certificate or Permit previously issued to you been revoked seized neither . If yes to revocation or seizure, state reason:

Has any previous Firearm issued to you been lost or stolen Neither

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

Section J

State your reason(s) for application

Section K (Please read and indicate your agreement to each statement by ticking the boxes and affixing your signature and the date.)

I attest to the truth of statements made and acknowledge that any statement given if found to be misleading or untrue can affect the grant of a Firearm Licence, Certificate or Permit.

I declare my willingness 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 interview process within 6 months after this application is submitted.

Applicant's Signature _____ **Date** _____

Section L

For Application & Certification Branch 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 _____	

Section M

FOR FIREARM LICENSING AUTHORITY BOARD USE ONLY

APPLICANT:	BOARD CHAIRMAN:
APPLICATION NO.:	DATE SUBMITTED TO BOARD:
DECISION: Approved <input type="checkbox"/> Denied <input type="checkbox"/>	CALIBRE:
COMMENTS:	BOARD MEMBER 2:
	BOARD MEMBER 3:
	BOARD MEMBER 4:
	BOARD MEMBER 5: