

FIREARMS ACT
FIREARM/AMMUNITION EXPORT PERMIT

Please indicate
 FIREARM AMMUNITION

CONTROL No.

EXPORTER

NAME/COMPANY:		REPRESENTATIVE NAME :		
ADDRESS:		POSITION:	CITIZENSHIP: Jamaican	
NUMBER	E-MAIL:	SIGNATURE:	DATE:	
TELEPHONE:				

IMPORTER

NAME/COMPANY:		REPRESENTATIVE NAME :		
ADDRESS:				
NUMBER	E-MAIL:	POSITION:	CITIZENSHIP:	
TELEPHONE:				

DESCRIPTION

QTY.	TYPE	CALIBRE	LENGTH		SERIAL No.
			BARREL	OVERALL	