

FIREARM LICENSING AUTHORITY

Application Form for Approved Firearm Trainer Status



Form To Be Completed In Duplicate in Applicant's Own Handwriting

Section A

Application Type New Recertification		Applicant should attach one (1) copy of their photograph here (Glue and Staple)
Type of Firearm Licence being applied for:		
Firearm User's Licence Firearm User's (Employee 's) Certificate		
Firearm User's (Special) Permit		
Applicant Name – Surname then Christian Names Mr. Mrs. Ms.		
Other names known as (including Professional names)		
Date of Birth	Age at next birthday	Gender Male Female
Nationality	Marital Status	Applicant's Telephone No.
No. of children	Next of Kin and Relationship	Next of Kin's Contact No.

Section B

Birth Certificate Reference No.	Drivers Licence No.
Nationality of Passport	Passport Reference No.
National I.D No.	Tax Registration No.
Tax Compliance Certificate(s) No(s) & Period Covered	

Section C

Present Address of Residence	Country	Parish	City/Town	Period of Residence
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Previous Address of Residence	Country	Parish	City/Town	Period of Residence
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Next Previous Address of Residence	Country	Parish	City/Town	Period of Residence
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Section D

Name and Address of Present Business/Employer	Date/Time Period	Nature of Business/Employment

Name and Address of Previous Business/Employer	Date/Time Period	Nature of Business/Employment

Name and Address of Next Previous Business/Employer	Date/Time Period	Nature of Business/Employment

Section E

Do you hold dual Citizenship	Yes	No
If yes, state the countries for which you hold citizenship		
Do you hold a Landed Immigration Status for any country?	Yes	No
If yes, state Country		
Have you travelled abroad in the last ten (10) years	Yes	No
If yes, list all countries visited		
Have you ever lived or worked abroad	Yes	No
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		

Section F

Educational Background, Qualifications or Skills

Section G

List any non-political Social Organisations that you are currently a member of including location, contact number and period of membership (e.g. Church, Civic Groups, Gun Clubs etc.).

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Section H

Name of References	Occupation	Address of References	Telephone No

Section H2

Name of Medical Facility from which the Medical Certificate was obtained	Name of Examining Physician	Address of Medical Facility	Telephone No. of Medical Facility

Section I

State Type and Calibre of Firearm(s) for which training will be conducted.

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List all Firearm Training Certification/Experience presently held

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Section J

Are you presently the holder of a Firearm Licence, Certificate or Permit? Yes No

If yes, complete the section below.

Type of Licence	Firearm Make, Type, Calibre	Serial No. of Firearm	Division of Issue	Date of Issue

Section K

Have you ever applied for Approved Firearm Trainer Status ?	Yes	No
What was the result ?		
Has any Approved Firearm Trainer Status previously issued to you been revoked ?	Yes	No
Have you ever been convicted of a criminal offence locally or abroad ?	Yes	No
If yes give details		
Do you object to being fingerprinted as part of a background security check ?	Yes	No
Are you willing to sign an Investigation Release Form authorising persons interviewed, as part of a background security check, to release the required information ?		
	Yes	No

Nearest Police Station to Place of Residence	Nearest Police Station to Place of Business/Employment
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Name of Approved Firearm Training Facility/Range(s) where training will be conducted.
Certification number of Approved Firearm Training Facility/Range(s) where training will be conducted.

I attest to the truth of statements made and acknowledge acceptance that any statement given if found to be inaccurate or untrue as a result of further investigations may militate against the grant of Approved Firearm Trainer Status.

Applicant's Signature _____ **Date** _____

For Official Use Only	
Date Submitted:	Application Reference No. :
Method of Submission:	Fee Paid:
Date of Interview:	Date submitted for security clearance:
Name of Interviewing Officer:	Date Security Report received:
Signature of Interviewing Officer:	Date Submitted to Investigation Branch:

Application Procedures

The applicant is required to sign the bottom right hand corner of each page of the Application Form signifying his/her agreement with the information supplied on the form.

The form contains four pages, Section A to K, kindly ensure that all pages are submitted along with the supporting documents.