

FIREARM LICENSING AUTHORITY

Request for Recertification of Licences, Certificates and Permits



HOLDER'S NAME			T.R.N.
LAST NAME	FIRST NAME	MIDDLE NAME	
HOME TELEPHONE	BUSINESS TELEPHONE		MOBILE TELEPHONE
OCCUPATION	BIRTHDATE <small>DD/MM/YYYY</small>	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMAIL ADDRESS
HOME ADDRESS		WORK ADDRESS	
Street/District:		Street/District:	
City/Town:		City/Town:	
Parish:		Parish:	
Country:		Country:	
CURRENT EMPLOYMENT DETAILS			
Name of Business/Employer:	Address:		Period of Employment (eg. 1943-1987):
PREVIOUS EMPLOYMENT			
Name of Business/Employer:	Address:	Occupation:	Period of Employment (eg. 1943-1987):
NEXT OF KIN			
LAST NAME	FIRST NAME	MIDDLE NAME	Relationship to Applicant
EMAIL ADDRESS	HOME TELEPHONE	MOBILE TELEPHONE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Has any Firearm License, Certificate or Permit previously issued to you been revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, state reason:			
Has any previous Firearm issued to you been lost <input type="checkbox"/> or stolen <input type="checkbox"/> Neither <input type="checkbox"/>			
Have you ever been arrested, detained, charged and/or convicted of a criminal offence locally or abroad? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, give details:			
I declare that all information stated on this form is accurate and I am aware that making a false declaration on this form may result in the immediate revocation/cancellation of the licence(s) and/or approvals granted to me.			
Applicant's Signature _____		Date _____	

WARNING: IT IS AN OFFENCE TO MAKE A FALSE AND MISLEADING STATEMENT IN SUPPORT OF A LICENCE APPLICATION

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FOR OFFICIAL USE

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APPLICATION NUMBER		INTERVIEW PROCESS	
	OFFICER'S NAME	OFFICER'S SIGNATURE	INTERVIEW DATE <i>DD/MM/YYYY</i>
REQUIRED SERVICE(S)		FINGERPRINTING PROCESS	
<input type="checkbox"/> INTERVIEW <input type="checkbox"/> FINGERPRINT <input type="checkbox"/> BALLISTIC TESTING	OFFICER'S NAME	OFFICER'S SIGNATURE	FINGERPRINT DATE <i>DD/MM/YYYY</i>
SUPPORTING DOCUMENTS		FIREARM EXAMINATION	
<input type="checkbox"/> 2 RECOMMENDATIONS <input type="checkbox"/> FIREARM LICENCE / CERTIFICATE <input type="checkbox"/> FIREARM(S) <input type="checkbox"/> PROOF OF AGE <input type="checkbox"/> FINGERPRINT RECEIPT	TYPE:	MODEL:	CALIBER:
	SERIAL NUMBER:		
	COMMENTS:		SIGNATURE:
BALLISTIC NOTES			
TOTAL FIREARMS TO BE TESTED (WORDS)	FIREARM(S) TESTED OK [DD/MM/YYYY]		
SIGNATURE OF BALLISTIC MANAGER:		DATE OF COMPLETION [DD/MM/YYYY]	
PROVISIONAL RECERTIFICATION - FOR DIRECTOR OF APPLICATIONS AND CERTIFICATION USE ONLY			
APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF APPROVAL <i>DD/MM/YYYY</i>	COMMENTS	
LICENCE ISSUE DATE	LICENCE ISSUE DIVISION		
DIRECTOR'S SIGNATURE			

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