FIREARMS ACT FIREARM/AMMUNITION IMPORT PERMIT					Please indicate □ FIREARM □ AMMUNITION CONTROL No.			
IMPORTER								
NAME/COMPANY:				REPRESENTATIVE NAME :				
ADDRESS:			POSIT	POSITION:			CITIZENSHIP: Jamaican	
NUMBER E-MAIL: TELEPHONE: FACSIMILE:			SIGNATURE:			DATE:		
EXPORTER								
NAME/COMPANY:			NAME	REPRESENTATIVE NAME :				
ADDRESS:								
NUMBER E-MAIL: TELEPHONE: FAX:			POSITI	POSITION:			CITIZENSHIP:	
DESCRIPTION								
	LENGTH							
QTY.	TYPE	CALIBRE	BARRE	L	OVERALL		SERIAL No.	