FIREA	RMS ACT		Ple	Please indicate			
	RM/AMMUNITI				CONTROL No.		
IMPORTER							
NAME/COMPANY:			REPRESENTATIVE NAME :				
ADDRESS:			POSITION:		CITIZENSHIP: Jamaican		
NUMBER TELEPHONE: FACSIMILE:		E-MAIL:	SIGNATURE:		DATE:	DATE:	
EXPORTER							
NAME/COMPANY:			NAME :	REPRESENTATIVE NAME :			
ADDRESS:							
NUMBER E-MAIL: TELEPHONE: FAX:		E-MAIL:	POSITION:		CITIZEN	NSHIP:	
DESCRIPTION							
			LENGTH				
QTY.	TYPE	CALIBRE	BARREL	OVERALL		SERIAL No.	