

FIREARM LICENSING AUTHORITY

Application for Firearm User's Permit - Minor



To Be Completed in Handwriting

(BLOCK CAPITALS)

Section A- To be completed by Applicant

Application Type: New <input type="checkbox"/> Renewal <input type="checkbox"/>		Applicant should attach one photograph here (Glue and Staple)		
Name: (Last Name, First Name, Middle Name) Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>				
Other names (Nickname, alias, pet name)	Tax Registration No. (TRN)			
Date of Birth	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>			
Home Number		Mobile Number		
Place and Parish of Birth (Hospital/Clinic/Home)		Nationality		
Current Address of Residence:				
State the details of the firearm for which the Firearm Users Permit Minor application is being made:				
Firearm Make:	Firearm Model:	Firearm Type:	Firearm Calibre:	Firearm Serial Number:
1.				
2.				
3.				
Have you ever applied for a Minor Permit? Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, what was the result?	
State your reason (s) for applying:				
I attest that the information above is accurate and that any information found to be misleading may affect the granting of a Firearm User's Permit Minor.				
Applicant's Signature _____		Date _____		

Section B -To be completed by Parent/Guardian

Last Name:	First Name:	Middle Name:	
Relationship to Applicant:	Tax Registration No.	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Current Address of Residence:			
Email address (BLOCK CAPITALS)	Home Telephone No.	Mobile Telephone No.	Work/Business No.
I have the authority and hereby give consent for _____ to apply for a Firearm User Permit Minor.			
Parent/Guardian's Signature _____		Date _____	

WARNING: TO MAKE A FALSE OR MISLEADING STATEMENT ON THIS FORM MAY RESULT IN THE DENIAL OF THE APPLICATION AND/OR REVOCATION OF THE LICENCE.

Section C -To be completed by Primary Holder

Name: (Last Name, First Name, Middle Name)			TRN:		
Current Address of Residence:					
Name and Address of Current Business/Employer:				Occupation:	
Licence Card No.	Licence Fee Certificate No.	Date of Last Renewal		Expiration Date of Licence Fee Cert.	
Firearm Make:	Firearm Model:	Firearm Type:	Firearm Calibre:	Firearm Serial No.:	
1.					
2.					
3.					
Mobile Number	Home Number	Work/Business Number:		Email Address (IN BLOCK CAPITALS)	
<p>Have you ever been arrested/charged/convicted and/or detained in any mental hospital locally or overseas?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If Yes, state the reason and time period:</p>					
<p>Please read and indicate your agreement to each statement by ticking the boxes and affixing your signature and the date.</p> <p><input type="checkbox"/> I attest that the information above is accurate and that any information found to be misleading may affect the granting of a Firearm User's Permit Minor.</p> <p><input type="checkbox"/> I authorize the above applicant to use the above-mentioned firearm.</p> <p>Primary Holder's Signature _____ Date _____</p>					

Section D - For Application and Certification Department Use Only

Method of Submission	Fees Paid	Payment Receipt Number(s)
----------------------	-----------	---------------------------

Section E-For Firearm Licensing Authority Board Use Only

Applicant:	Board Chairman:
Application No.:	Date Submitted to the Board
Decision: Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Board Member 2:
Comments:	Board Member 3:
	Board Member 4:
	Board Member 5:

WARNING: TO MAKE A FALSE OR MISLEADING STATEMENT ON THIS FORM MAY RESULT IN THE DENIAL OF THE APPLICATION AND/OR REVOCATION OF THE LICENCE.