

# FIREARM LICENSING AUTHORITY

## Application for Firearm User's Permit - Provisional



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"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/> Please state: _____		
Other names: (Nickname, alias, pet name)	Tax Registration No.: (TRN)	
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/>
Place and Parish of Birth: (Hospital/Clinic/Home)		Nationality:
Current Address of Residence:		
Mobile Number:	Home Number:	Work/Business Number: (Including Ext.)
Name and Address of Current Business/Employer:		
Occupation:	Email Address: (MUST BE WRITTEN IN BLOCK CAPITALS)	

### NEXT OF KIN INFORMATION

Last Name:	First Name:	Middle Name:	Relationship to Applicant:
Email address: (BLOCK CAPITALS)		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home Telephone No.	Mobile Telephone No.	Work/Business No.	

### State the details of the firearm for which the Firearm User's Permit Provisional application is being made:

Firearm Make:	Firearm Model:	Firearm Type:	Firearm Calibre:	Firearm Serial Number:
1.				
2.				
3.				

Have you ever applied for a Firearm Licence, Certificate or Permit? Yes  No

If Yes, what was the result?

State your reason (s) for applying:

Have you ever been arrested/charged/convicted and/or detained in any mental hospital locally or overseas?

YES  NO

If Yes, state the reason and time period:

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 Provisional.

Applicant'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 B - To be completed by Primary Holder**

Name:(Last Name, First Name, Middle Name)			TRN:	
Mobile Number:	Home Number:	Work/Business Number:	Email Address (IN BLOCK CAPITALS)	
Current Address of Residence:				
Name and Address of Present 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.				
<p><b>Have you ever been arrested/charged/convicted or detained in any mental hospital locally or overseas?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, state the reason and time period:</p>				
<p><b>Please read and indicate your agreement to each statement by ticking the boxes and affixing your signature and the date.</b></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 Provisional.</p> <p><input type="checkbox"/> I authorize the above applicant to use the above-mentioned firearm(s).</p> <p>Primary Holder's Signature: _____ Date: _____</p>				

**Section C - For Application and Certification Department Use Only**

Morph Result (18 and Over only):		
Signature: _____		Date: _____
Method of Submission:	Fees Paid:	Payment Receipt Number(s)

**Section D - For Firearm Licensing Authority Board Use Only**

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