

FIREARM LICENSING AUTHORITY

Request for Registration of Licence, Certificate and Permit



TO BE COMPLETED IN BLOCKED LETTERS

LICENCE HOLDER'S NAME			T.R.N.	
LAST NAME	FIRST NAME	MIDDLE NAME		
SECURE EMAIL ADDRESS		HOME TELEPHONE	MOBILE TELEPHONE	WORK/BUSINESS TELEPHONE
HOME ADDRESS		SAFE USE AND HANDLING <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY	BIRTHDATE	SEX
WORK/BUSINESS NAME AND ADDRESS			DD/MM/YYYY	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NEXT OF KIN NAME (FIRST AND LAST)		NEXT OF KIN ADDRESS		OCCUPATION
				DATE _____
NEXT OF KIN NAME (FIRST AND LAST)		NEXT OF KIN ADDRESS		NEXT OF KIN TELEPHONE [CELL]
				NEXT OF KIN TELEPHONE [HOME]
FIREARM LICENCE IDENTIFICATION CARD DETAILS				
LICENCE NO.	ISSUE DATE DD/MM/YYYY	EXPIRATION DATE	ISSUE LOCATION	<input type="checkbox"/> RESTRICTED FIREARM
DATE OF LAST REGISTRATION DD/MM/YYYY	RELATED USER LICENCE DETAILS (IN THE CASE OF EMPLOYEE CERTIFICATE OR SPECIAL PERMIT)			
	HOLDER'S NAME			
	LAST	FIRST	MIDDLE	
LICENCE TYPE : <input type="checkbox"/> FIREARM USER'S LICENCE <input type="checkbox"/> FIREARM USER'S (SPECIAL) PERMIT <input type="checkbox"/> FIREARM USER'S (EMPLOYEE) CERTIFICATE	HOME ADDRESS			
	WORK/BUSINESS NAME AND ADDRESS			
FIREARM DETAILS				
MAKE	MODEL	CALIBRE	<input type="checkbox"/> PISTOL <input type="checkbox"/> REVOLVER <input type="checkbox"/> SHOTGUN <input type="checkbox"/> RIFLE	I ATTEST TO THE ACCURACY OF THIS INFORMATION (PLACE SIGNATURE HERE)
SERIAL NUMBER				
FOR FIREARM INSPECTING OFFICER USE ONLY				
FIREARM INSPECTED <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF INSPECTION DD/MM/YYYY	IDENTIFICATION NUMBER		
REGISTRATION PERIOD	LICENCE FEE PAYABLE \$	NAME OF OFFICER		
LOCATION ASSIGNED	DATE OF APPROVAL	SIGNATURE		