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| **NOT PROTECTIVELY MARKED** |
| **PLEASE READ THE GUIDANCE NOTES BEFORE COMPLETING THIS FORM** |
| **Application for a Firearm Certificate** |  | **WARNING**It is an offence for anyone to knowingly or recklessly make a false statement in order to obtain the grant or variation of any certificate, either for themselves or someone else (Article 73 Firearms (NI) Order 2004) |
| *I am applying for (tick box which applies):* |
| [ ]  The INITIAL grant or FURTHER grant of a Firearm Certificate (*COMPLETE ALL PARTS OF THIS FORM)* |
| [ ]  The VARIATION of an existing Firearm Certificate *(COMPLETE PARTS A, B, C, D and F)* |
| *Your PID* |       | *Your Firearm Certificate No. (if applicable)* |       | Official Use Only | Fee Paid £       |
|  |
| **Part A All questions must be completed in all cases (Please use BLOCK CAPITALS and Black ink throughout)** |
|  |
| **A1** | Title (Mr, Mrs, Ms, Dr, etc) |       |  | **A13** | Are you being treated for any medical condition, including any alcohol or drug related condition, whether controlled by prescription medicines or not? |
| **A2** | Surname |       |  |  |
| **A3** | Forename(s) |       |  |  | **No** [ ]  | **Yes** [ ]  | If **yes** give details below |
| **A4** | Other names: If you have at any time used a name other than those quoted at A2 and A3 above, please give details – it not write NONE *(if you are a married woman please give your maiden name)*have at any time used |  |  | Condition:       |
|  |  |  | Dates: From:       | To:       |
|  |  | **A14** | Do you currently have, or have you ever had, Epilepsy? |
|  |       |  |  | **No** [ ]  | **Yes** [ ]  | If **yes** give approximate dates of last two episodes |
| **A5** | Home Address (You must be resident in N.Ireland)      Postcode BT      |  |  | Date 1:       | Date 2       |
|  |  | **A15** | Do you have a physical disability including sight related conditions (excludes normal spectacle use) |
|  |  |  | **No** [ ]  | **Yes** [ ]  | If **yes** give details below |
|  |  |  |       |
| **A6** | Home Tel No: |       |  | **A16** | Have you attended a medical professional in the last 5 years for treatment of depression or any other kind of mental or nervous disorder? |
| **A7** | Mobile Tel No: |       |  |  |
| **A8** | Email Address: |       |  |  | **No** **[ ]**  | **Yes** **[ ]**  | If yes give details below |
| **A9** | Date of Birth: |    |    |    |  |  | Condition:       |
| **A10** | Occupation: |       |  |  | Dates:       |
| **A11** | Nationality: |       |  | **A17** | Please give details of your current General Practitioner |
| **A12** | If you have lived at addresses other than that stated at A5 during the last ten years enter them here. |  |  | GP’s Name & Address inc Postcode      |
|  |  |  |
|  |       |  |  |
|  |  | **A18** | I give my consent for the police to approach my GP, consultant or other medical authority to obtain factual details of my medical history if necessary. |
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|  |  |  | Usual Signature:       |
|  |  |  | Date:       |

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| **Part B Firearms (all parts must be completed by all applicants)** |
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| **B1** | Firearms and ammunition which **you already possess** *(including any sound moderators and firearms on loan from another firearm certificate holder)* |
|  |
|  | **Ref** | *Type and Make of Firearm* | *Calibre* | *Serial number* | *Type and quantity of ammunition* |
|  | **1** |       |       |       |       |
|  | **2** |       |       |       |       |
|  | **3** |       |       |       |       |
|  | **4** |       |       |       |       |
|  |
| **B2** | Firearms and ammunition which **you wish to purchase or acquire** including any sound moderators *(if not applicable write ‘None’)* |
|  |
|  | **Ref** | *Type and Make of Firearm* | *Calibre* | *Serial number* | *Type and quantity of ammunition* |
|  | **A** |       |       |       |       |
|  | **B** |       |       |       |       |
|  | **C** |       |       |       |       |
|  | **D** |       |       |       |       |
|  |
| **B3** | Firearms and ammunition which **you intend to give up** including any sound moderators *(if not applicable write ‘None’)* |
|  |
|  | **Ref** | *Type and Make of Firearm* | *Calibre* | *Serial number* | *Type and quantity of ammunition* |
|  | **X1** |       |       |       |       |
|  | **X2** |       |       |       |       |
|  | **X3** |       |       |       |       |
|  | **X4** |       |       |       |       |
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| **B4** | **Please state fully your reasons for the possession of each firearm/sound moderator listed in B1 and B2 above.** |
|  |
|  | **Ref** |  |
|  |    |       |
|  |    |       |
|  |    |       |
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|  |    |       |
|  |    |       |
|  | **If the space above is insufficient, please continue on the continuation sheet. (Form 30/1(a)).** |
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| **B5** | If the firearms are to be used on your own land please indicate by ticking the box on the right. | [ ]  |
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| **B6** | Have you at any time had an application for the grant or variation of a firearm certificate refused or a certificate revoked or had such a decision overturned on appeal? |
|  | **No** **[ ]**  | **Yes** **[ ]**  | If ‘**Yes’** please give full details below: |
|  |       |

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| **Part C Storage of firearms and ammunition** **Gun Cabinets must be or equivalent to BS7558** |  | **Part E Referees****Required for grant and further grant applications** |
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| **C1** | Please state exact means of storage (eg Gun Cabinet) |  | You will be required 2 referees to individually complete and sign below. Referees cannot be a relative, firearms dealer, police officer or police staff and must be resident in the UK. The second referee must be a Target Club official if this application is for target firearms. |
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|  |       |  |
|  |  |
| **C2** | If the firearms are to be stored at an address other than that stated at A5 please state address and reason why in box below: |  | **E1** | **FIRST REFEREE** |
|  |  | Full Name      |  | DOB      |
|  |       |  |  |
|  |  | Permanent Home Address      Postcode BT      |
|  |  |
| **C3** | Is the storage shared with another certificate holder? |  |
|  | **No** [ ]  | **Yes** [ ]  | If yes please give details below |  | Telephone No. (including mobile)      |
|  | Their Name |       |  |
|  | Their PID and/or Certificate No. |       |  | **Declaration by First Referee****I declare that:**1. to the best of my knowledge and belief the information given in this form is tree; and
2. the photographs which I have signed bear a true likeness to the applicant whom I have known for at least 2 years; and
3. I know if no reason why the applicant should not be permitted to possess a firearm.
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| **Part D Criminal and other convictions****(to be completed by all applicants)****IT IS A CRIMINAL OFFENCE TO ANSWER INCORRECTLY** |  |
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| **D1** | Have you ever been convicted or received an official police caution for any offence, including motoring offences? |  |
|  |  |
|  | No [ ]  | Yes [ ]  |  | **First Referee Signature** |  | **Date** |
|  |  |       |  |       |
|  | **If ‘Yes’, give details below. Enter every conviction probation order, absolute/conditional discharge,** as well as those resulting in a fine or imprisonment.**Details of Spend Convictions must also be given.** (Rehabilitation of Offenders (Exceptions) Order Northern Ireland 1979) |  | **E2 SECOND REFEREE** |
|  |  | Full Name      |  | DOB      |
|  |  |  |
|  |  | Permanent Home Address      Postcode BT      |
|  |  |
|  | Date of Court | Offence(s) | Sentence imposed |  |
|  |       |       |       |  | Telephone No. (including mobile)      |
|  |       |       |       |  |
|  |       |       |       |  | **Declaration by First Referee****I declare that:**1. to the best of my knowledge and belief the information given in this form is tree; and
2. the photographs which I have signed bear a true likeness to the applicant whom I have known for at least 2 years; and
3. I know if no reason why the applicant should not be permitted to possess a firearm.
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|  |       |       |       |  |
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|  |       |       |       |  | Club name and position held. Enter N/A if appropriate |
|  |       |       |       |  |       |
|  |       |       |       |  | Second Referee Signature Date |
|  |       |       |       |  |       |  |       |

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| **Part F Declaration** |  | **Usual signature of applicant** | **Date** |
| ***Must be completed by the Applicant*** |  |       |  |       |
|  |  |  |
| **F1** |  declare that the statements made on this form are true. understand that will be subject to a check of police records both within and outside the UK and that my details may be held on computer. It is an offence for any person to knowingly or recklessly make a statement which is false in any material particular for the purpose of procuring either for themselves or for another person the grant or variation of a firearm certificate.The maximum penalty is one year’s imprisonment and/or a fine. |  |  |
|  |  | **Usual signature of parent or guardian***(if the applicant is under 18 years of age)* |  | **Date** |
|  |  |  |  |
|  |  |       |  |       |
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|  |  | **I enclose a**  **to the value of** |
|  |  |  |
|  |  | **£**  | **Please write the cheque/postal order number(s) in the space below.** |
|  |  |  |
|  |  | **DO NOT SEND CASH** |
|  |  | **CHEQUE OR P.O. NUMBER** |
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| **Data Protection Act 1998**Personal data is handled in accordance with the Data Protection Act 1998. The information is processed by the PSNI for a policing purpose namely firearms licensing and may be used in accordance with the prevention and detection of crime. Information shall not be disclosed unless we are required to do so by law, or it is in the overriding public interest to do so.**Further Enquiries**If you have any queries regarding your application or any other aspect of firearms licensing, please telephone the Firearms and Explosives Branch Helpdesk on 101 between 9 am and 5 pm Monday to Friday.**Submitting Your Application****Applications for a further grant of an existing certificate should be returned to PSNI 12 weeks before the expiry of the existing certificate to facilitate processing before the expiry of the existing certificate. (You must return the existing or expired certificate.)**Please send the completed form, the correct fee, photographs (grants only) and supporting documentation sealed in the pre-addressed envelope provided (large A4 size marked ‘A’ **to Police Service of Northern Ireland, Room 46, Lisnasharragh, 42 Montgomery Road, Belfast BT6 9LD.** You should check with the Post Office about postage costs **(Normal 1st and 2nd class postage will not be sufficient).**As an alternative to posting you can:* Deliver the unsealed envelope to PSNI Lisnasharragh by hand. Security or reception staff will take the envelope from you and it will be delivered to Firearms and Explosives Branch. **Please do not seal the envelope until it has been inspected by the security or reception staff for security reasons.**
* Hand the envelope in at your local PSNI station and ask them to put it into the internal mail (Courier Service). **Please do not seal the envelope until it has been inspected by the counter staff for security reasons.**
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