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| **NOT PROTECTIVELY MARKED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **POLICE SERVICE OF NORTHERN IRELAND** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **THIS FORM HAS THREE PARTS (A-C). SOME OR ALL MAY BE RELEVANT TO YOUR APPLICATION. ALL APPLICANTS MUST COMPLETE PART ‘A’. READ THE INSTRUCTIONS AT THE HEAD OF EACH PART. IF YOU HAVE A VARIETY OF FIREARMS USED FOR DIFFERENT PURPOSES YOU MAY HAVE TO COMPLETE MORE THAN ONE FORM.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part ‘A’** | | **APPLICANT’S DETAILS – MUST BE COMPLETED BY ALL APPLICANTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FULL NAME (CAPITALS)** | | | | | | |  | | | | | | | | | | | | | | **DATE OF BIRTH** | | | | | | |  | | | | |
| **ADDRESS** | | |  | | | | | | | | | | | | | | **APPLICANT’S EXISTING PID NUMBER AND/OR FAC NUMBER** | | | | | | | | | PID | | | | |  | |
| Postcode | | | | | | |  | | | | | | | FAC | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part ‘B’** | | **APPLICANT’S AUTHORITY TO SHOOT OVER LAND (Vermin & Sporting Purposes)**  **TO BE COMPLETED BY PERSON GIVING AUTHORISATION TO SHOOT OVER LAND(S)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This Part should be completed if the firearm is not used in an Authorised Target Club, or it is a shotgun, which is not used for clay pigeon, wildfowling or game shooting as a member of a clay pigeon club, wildfowling club, or game syndicate that has voluntarily registered shooting grounds with PSNI. **This form is not required if only shooting on your own lands.**  **One Part ‘B’ is required for *each land* on which centre-fire rifles are to be used.**  **Only one Part ‘B’ is required for shotguns and rimfire rifles used for vermin & sporting purposes.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I HEREBY AUTHORISE**  (Name of Individual) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **TO USE THE FOLLOWING FIREARMS**  (State Type & Calibre) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **FOR THE DESTRUCTION OF**  (State type(s) of quarry on land) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **AT THE FOLLOWING LOCATION(S)**  (Townland(s)) | | | | | | | |  | | | | | | | | | | | | | **APPROXIMATE ACERAGE OF EACH AREA** | | | | | |  | | | | | |
|  | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | |  | | | | | |
| **I AM THE** | | |  | | | | | | | | | | | | | | | | | | | | | | | | **OF THESE LANDS** | | | | | |
| **NAME IN BLOCK**  **CAPITALS** | | | | |  | | | | | | | | | | | | | | **TELEPHONE NUMBER** | | | | | | |  | | | | | | |
| **MOBILE NUMBER** | | | | | | |  | | | | | | |
| **POSTAL ADDRESS** | | |  | | | | | | | | | | | | | | | | | **SIGNATURE** | | | | |  | | | | | | | |
| Postcode | | | | | |  | | | | | | | | | | | **DATE** | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part ‘C’** | | **CONFIRMATION OF VOLUNTARY REGISTERED CLUB PIGEON CLUB/WILDFOWLING CLUB OR GAME SYNDICATE MEMBERSHIP TO BE COMPLETED BY CLUB SECRETARY OR HEAD OF SYNDICATE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I CONFIRM THAT**  **(Full Name of Individual)** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IS A** |  | | | | | **MEMBER OF**  **(Club Name)** | | | | | | |  | | | | | | | | | | | **CLUB URN** | | | | | | **LID** | | |
| **CLUB TYPE** | | | | **CLAY PIGEON CLUB** | | | | | | |  | | | **WILDFOWLING CLUB** | | | | | | | |  | | | **GAME SYNDICATE** | | | | | | |  |
| **APPLICANT’S MEMBERSHIP NUMBER** | | | | | | | | | | | |  | | | | | | | | | | **EXPIRING ON** | | | | | | | |  | | |
| **NAME OF CLUB SECRETARY/SYNDICATE HEAD** | | | | | | | | | | | | | | | | (Capitals) | | | | | | | | | | | | | | | | |
| **SIGNATURE** | | |  | | | | | | | | | | | | **DATE** | | |  | | | | | **CONTACT TELEPHONE** | | | | | |  | | | |