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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** |       |