

# **ROYAL GIBRALTAR POLICE**

APPLICATION FOR ISSUE OF FIREARMS CERTIFICATE

## WRITE IN BLOCK CAPITALS LETTERS THROUGHOUT EXCEPT WHEN SIGNING

FACOFFICE USE	(Delete where applicable) INITIAL ISSUE RENEWAL ADDITION	PHOTO OF APPLICANT
SURNAME:		
FIRST NAME:		
DATE OF BIRTH: DD/MM/YY		
PLACE OF BIRTH:		
CURRENT ADDRESS:		
PREVIOUS ADDRESS: If you have lived at another address during the last five years		
HOME TEL No: MOBILE No:	WORK No:	

# CONTINUATION SHEET – PAGE 2

OCCUPATION:	
PLACE OF WORK:	
HOW LONG HAVE	OU BEEN EMPLOYED WITH THIS FIRM:
PASSPORT No:	NATIONALITY:
FILL IN WHERE AP	<u>PLICABLE</u>
MARITAL STATUS:	NAME OF SPOUSE: Maiden name
NUMBER OF CHILD	REN: AGE(S) OF CHILDREN:
NEXT OF KIN: Provide full name, address and contact number	
	HOLDING FIREARMS LICENCES E SAME HOUSEHOLD

## **CONTINUATION SHEET – PAGE 3**

## **REASON FOR APPLICATION: (IF INITIAL ISSUE)**

HOW LONG HAVE YOU BEEN SHOOTING?
WHAT SHOOTING CLUB(S) DO YOU BELONG TO?
HOW LONG HAVE YOU HELD MEMBERSHIP?
HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE OR HAVE ANY PENDING COURT CASES?
NO YES

(IF YES, PLEASE PROVIDE DETAILS)

\*PLEASE NOTE YOUR APPLICATION WILL BE STRICTLY VETTED PROCEDURE BEFORE YOUR APPLICATION IS CONSIDERED. FAILURE TO PROVIDE THIS DETAILS REQUESTED MAY RESULT IN THE REFUSAL TO ISSUE OR THE REVOCATION OF A FIREARMS CERTIFICATE.

## **CONTINUATION SHEET – PAGE 4**

#### DETAILS OF FIREARMS AND AMMUNITION:

MAKE	MODEL	SERIAL	FIREARM	CALIBRE	DATE	TRANSFERRED
		No	CATEGORY		ACQUIRED	FROM
	г		r	- r		
	Calibre	Quantity	Calibre	Quantit	.y	
Ammunition						

#### **STORAGE OF FIREARM:**

INCLUDE EXACT LOCATION WHERE FIREARM WILL BE STORED & SECURITY MEASURES IN PLACE TO STORE FIREARMS &/OR AMMUNITION.

ADDRESS & LOCATION:	
MANNER IN WHICH FIREARMS & AMMUNITION WILL BE STORED:	
WILL ANYONE ELSE HAVE ACCESS:	

\*FIREARMS HOLDERS MUST INFORM THE FIREARMS LICENSING DEPARTMENT OF ANY CHANGES TO THE LOCATION WHERE FIREARMS/AMMUNITION IS STORED

I hereby confirm that all information provided in this application form is true to the best of my knowledge and belief. I understand that it is a criminal offence to make a false declaration which may result in being prosecuted.

Signature of Applicant..... Date ..... Date .....

Remarks if any;

AUTHORISING OFFICER \_\_\_\_\_\_\_SIGNATURE \_\_\_\_\_\_SIGNATURE

DATE\_\_\_\_\_

ACCOUNTS RECORDS	
ACCOUNT RECEIPT No	
DATE	
ACCOUNTS OFFICER	