

Firearms Certificate Application

Form Guidance

This form can be completed digitally, and any fields that are not applicable should be marked N/A. Original or scanned signatures are required throughout. If you are printing off this form and filling it in by hand, PLEASE USE BLOCK CAPITALS (clearly and legibly) using BLACK INK only, throughout the form to assist in processing your request.

Complete **Sections 1 – 12 overleaf**.

Proof of Identity

Section 1 - 8 asks you to give personal information about yourself which will help the Commissioner of Police to confirm your identity. He has a duty to ensure that information he holds is secure and he must be satisfied that you are who you say you are.

Section 10 asks you to provide evidence of your identity by producing copies of documents(s) with your application.

Form Submission

Ensure all sections are completed and submit application form together with a copy of your identification documentation to: **firearmslicensing@royalgib.police.gi**

If you have a Firearms certificate enquiry, please call **20077658**, Centrex **3453** or email **firearmslicensing@royalgib.police.gi**

FAC Number (For Office use)	Click or tap here to enter text.
------------------------------------	----------------------------------

Please note that fields marked * are mandatory.

Section 1 –Application Type

1.1 * Application Type:	<input type="checkbox"/> Initial Issue <input type="checkbox"/> Renewal <input type="checkbox"/> Additional
--------------------------------	----------------------------------------------------------------------------------------------------------------------------------------

Section 2 - Personal Information

2.1 * Title:	Choose an item. (if other, please specify) Click or tap here to enter text.
2.2 * <u>ALL</u> forename(s)/given name(s):	Click or tap here to enter text.
2.3 * Surname/Family name:	Click or tap here to enter text.
2.4 * Date of birth: (dd/mm/yyyy)	Click or tap to enter your DOB
2.5 * Passport No.	Click or tap here to enter text.
2.6 * Nationality:	Click or tap here to enter text.

Section 3 - Contact Details

3.1 * Email address:	Click or tap here to enter text.
3.2 * Daytime telephone No. (Please make sure that you include local/area or international dialling codes.)	Click or tap here to enter text.

Section 4 - Address History

4.1 * Current address: This is the physical address at which you reside (not a PO Box) and should be shown on your proofs of address.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Postcode:

Click or tap here to enter text.

Date from:

(mm/yyyy)

4.2 * Previous addresses: If you have lived at another address during the last five years.

Previous addresses:

Date from: (mm/yyyy) **Date to:** (mm/yyyy)

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Postcode:

Click or tap here to enter text.

Section 5 – Work Details

5.1 * Occupation:

Click or tap here to enter text.

5.2 * Place of work:

Click or tap here to enter text.

5.3 * How long have you worked at the above:

Click or tap here to enter text.

Section 6 – Family Details

<p>6.1 * Martial Status: Include common law if applicable</p>	<p>Click or tap here to enter text.</p>
<p>6.2 * Name of Spouse/Partner: Include maiden name if applicable</p>	<p>Click or tap here to enter text.</p>
<p>6.3 * Number of Children in the house:</p>	<p>Click or tap here to enter text.</p>
<p>6.4 * Next of Kin: Provide full name, address and contact number.</p>	<p>Click or tap here to enter text.</p>
<p>6.5 * Family members holding Firearms Certificate within the same household:</p>	<p>Click or tap here to enter text.</p>

Section 7 – Reason for Application

<p>7.1 * Reason for Application:</p>	<p>Choose from drop down menu</p> <p>If initial or addition, give further details below:</p> <p>Click or tap here to enter text.</p>
<p>7.2 * How long have you been shooting:</p>	<p>Click or tap here to enter text.</p>
<p>7.3 * What shooting club(s) do you belong to:</p>	<p>Click or tap here to enter text.</p>
<p>7.4 * How long have you held membership:</p>	<p>Click or tap here to enter text.</p>

Section 8 – Personal History

* Please note your application will be strictly vetted before your application is considered. The vetting will entail checks (***processing of sensitive personal data***) of our police databases in order to process criminal data (***Section 45 (2) of the Data Protection Act 2004***) Failure to provide these details requested may result in the refusal to issue or the revocation of a firearms

8.1 * Have you ever lived anywhere away from Gibraltar?	Click or tap here to enter text.
8.2 * Are you a serving, ex-serving, dependant or ex-dependant, partner or ex-partner of a serving or ex-serving member of the UK armed forces. Are you a civilian that has been subject to UK armed forces acts?	Click or tap here to enter text.
8.3 * Are you the subject of any impending prosecutions or are you under investigation for a criminal offence locally or abroad?	Click or tap here to enter text.

If you have answered 'Yes' to question 8.3 please provide details below. If you run out of space, please use the Additional Information section of this application. Please note that any information regarding impending prosecutions or criminal investigations held on police databases may show on your certificate.

8.4 Alleged offence(s) 1:

Click or tap here to enter text.

8.5 Date of court hearing: (dd/mm/yyyy)		Select date
8.6 Court:	Click or tap here to enter text.	
8.7 Additional Information:		
Click or tap here to enter text.		
8.8 * In Gibraltar or in the United Kingdom* (*England, Wales, Northern Ireland, Scotland, Channel Islands, Isle of Man or when serving in the UK armed forces) have you ever: <ul style="list-style-type: none"> • Been interviewed by police under caution; • Received a postal requisition or summons; • Been arrested, cautioned, warned or reprimanded; • Received a penalty notice; or • Been convicted of a criminal offence? 		<input type="checkbox"/> Yes <input type="checkbox"/> No
You must declare ALL convictions including those you believe to be spent under; <ol style="list-style-type: none"> 1. Part 25- Rehabilitation of Offenders/Criminal Procedures and Evidence Act 2011 (Gibraltar) 2. Rehabilitation of Offenders Act 1974 (UK). 		
If you have answered 'Yes' to any of the above questions, please provide details below. If you run out of space, please use the Additional Information section of this application.		
8.9 Offence(s) 1:		
Click or tap here to enter text.		
8.10 Offence(s) 2:		
Click or tap here to enter text.		

8.11 Offence(s) 3:

Click or tap here to enter text.

Section 9 – Details of Firearms & Ammunition

9.1* During initial issue or renewal of a certificate, failure to list all firearms details, ammunition details requested on this form and/or failure to answer all other relevant questions may cause delays or refusal to authorise such certificate.

<u>MAKE & MODEL</u>	<u>TYPE</u>	<u>CALIBRE</u>	<u>SERIAL NUMBER</u>	<u>TYPE OF AMMUNITION</u>	<u>QUANTITY OF AMMUNITION</u>
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Storage of Firearm: Include exact location where firearm will be stored & security measures in place to store firearms &/or ammunition.	
9.2 * Address & Location in the address:	Click or tap here to enter text.
9.3 * Manner in which firearms & ammunition will be stored:	<input type="checkbox"/> Gun safe <input type="checkbox"/> Armoury <input type="checkbox"/> Gun room <input type="checkbox"/> Other – please provide details below
If other – Please provide details, together with details of other security measures	Click or tap here to enter text.
9.4. * Is the security shared with another certificate holder?	<input type="checkbox"/> Yes – please provide details below <input type="checkbox"/> No
If yes – Please provide details	Click or tap here to enter text.
9.5 * Will anyone else have access:	Click or tap here to enter text.
9.6* Are your firearms and/or ammunition kept anywhere else other than your place of residence	<input type="checkbox"/> Yes – please provide details below <input type="checkbox"/> No
If yes – Please provide details	Click or tap here to enter text.

Section 10 – Proof of Identity

* To help establish proof of your identity, your application must be accompanied by a copy of an official document. Types of acceptable official documents are, Identification Documents (ID Cards), Passports, Drivers Licence or a Health Card. The list of examples can vary depending on the applicant's nationality as they may possess other forms of official documents in their home country. Official documents should show your full name, date of birth, signature and current address.

To help establish proof of your current address, your application must be accompanied by a copy of a recent utility bill or similar document, which must be in your name, listing your current address and must be dated within the last six months.

If you are not the registered householder or bill payer for your current address, then a signed letter from the registered householder(s) or bill payer(s) must accompany your application. The letter should confirm that you are a resident for the given current address. Furthermore, as part of the authentication process, the person writing the letter must also provide proof of identity in the same manner as per the above together with contact details.

Whilst it is acknowledged that ID Cards list a person's address, experience shows that some persons possess ID cards with outdated addresses listed on them. Therefore, the submission of an ID card as a form of proof for a current address, **will not be accepted**.

Section 11 – Personal Health & Medical Declaration

You must disclose any physical or mental health condition that may affect your ability to safely possess and use a firearm (including a shotgun). Sections 4 (2) and (7)(a) of the Firearms Act 1958 specify that in order to issue a firearm certificate the Commissioner of police must be satisfied that an applicant can be permitted to possess a gun 'without danger to the public safety or the peace'. Medical fitness is one of the factors police must consider when assessing a person's suitability.

Relevant medical conditions which must be disclosed include, for example:

- Acute Stress Reaction or an acute reaction to the stress caused by a trauma
- Suicidal thoughts or self-harm
- Depression or anxiety
- Dementia
- Mania, bipolar disorder or a psychotic illness
- A personality disorder
- A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy
- Alcohol or drug related abuse; or
- any other condition, mental or physical, which might affect your safe possession of firearms. If in any doubt, consult your GP.

Having any of the above will not necessary mean that the application will be refused, but may require further details including medical advice, consultation or clearance

The information you provide us in relation to this section is classified as **'Special Category Data'**. As part of this application, we will process this **special category data** under **Section 12(3) of the DPA 2004 - Schedule 1, Part 2, (10) Preventing or detecting unlawful acts** and also **Article 9(2)(g) of the Gibraltar GDPR**.

<p>11.1 * Do you suffer from any relevant medical conditions? Please refer to the previous page</p>	<p><input type="checkbox"/> Yes – please provide details below <input type="checkbox"/> No</p>
<p>If yes, please provide details</p>	<p>Click or tap here to enter text.</p>

Section 12 – Applicant Declaration & Signature

12.1 * Declaration
 I hereby apply for a Firearm Certificate.

The information I have provided on this form is true and I understand that it is an offence under section 4(10) of the Firearms Act to knowingly or recklessly make a false statement for the purpose of procuring the grant, renewal or variation of a certificate and liable on summary conviction, to imprisonment for three months and to a fine of £1000.

I understand that I will be subject to a check of police records and that my details will be held electronically.

I understand that if I do not provide the required information my application cannot be processed and will be refused.

I understand that I am expected to inform the police if I begin to suffer from a relevant medical condition, having sought medical advice or treatment for such a condition, while the certificate remains valid.

By signing this form I accept the terms and conditions.

<p>Signature:</p>	<p>.....</p>	<p>Date:</p>	<p>Select date</p>
--------------------------	--------------	---------------------	--------------------

** You can sign this form physically with a pen or include a digital copy of your signature. This will then be matched to your signature on the proof of identity documents you have provided. If they do not match, your request may be rejected.

Warning - a person who impersonates or attempts to impersonate another may be guilty of an offence.

Privacy Notice

The contents of this document will be processed in strict compliance with the Royal Gibraltar Police’s **Management of Police Information (MoPI) policy** which has been compiled in accordance with the provisions of the **Data Protection Act 2004 (DPA 2004)** and the **Gibraltar General Data Protection Regulations (Gib GDPR)**. The information provided within will be used to conduct searches of RGP systems to locate the information being requested. For further information in relation to the Royal Gibraltar Police Privacy Policy please see below links:

- <https://www.police.gi/privacy-policy>
- <https://www.police.gi/special-category-personal-data>

Your details will be recorded within our vetting database for a period of 24 months from the date your application is processed. After this period, your application details, our response and any results sent to you will be deleted from our systems.

FOR OFFICE USE ONLY

Application

Date received:	Click or tap here to enter text.
Identification document(s) checked:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Passport photo supplied:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Club Membership letter supplied:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Police Staff Processing:	Click or tap here to enter text.
Police Staff Signature:	Click or tap here to enter text.
Date:	Select date
Application Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks if any:	Click or tap here to enter text.
Authorising Officer:	Name: Click or tap here to enter text. Rank: Click or tap here to enter text.
Authorising Officer Signature:	Click or tap here to enter text.

To be completed by RGP Firearms Licensing Department

Account Receipt No.	
Amount Paid:	
Signature:	
Date:	