



Making Northern Ireland Safer For Everyone Through Professional, Progressive Policing

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)

A2 Surname

A3 Forename(s)

A4 Other names: If you have at any time used a name other than those quoted at A2 and A3 above, please give details - if not write NONE (if you are a married woman please give your maiden name)

A5 Home Address (you must be resident in N. Ireland)

Postcode BT

A6 Home Tel No:

A7 Mobile Tel No:

A8 Email Address:

A9 Date of Birth:

A10 Occupation:

A11 Nationality:

A12 If you have lived at addresses other than that stated at A5 during the last five years enter them here.

A13 Do you currently suffer from any serious medical condition including any alcohol or drug related condition, which is controlled by prescription medicines?

No Yes If yes give details below

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

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

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?

No Yes If yes give details below

Condition:

Dates:

A17 Please give details of your current General Practitioner

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.

A19 Usual Signature

Date

Part B Firearms (all parts must be completed by all applicants)

B1 Firearms and ammunition which **you already possess** (including 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** (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** (if not applicable write 'None')

Ref	Type and make of firearm	Calibre	Serial number	Type and quantity of ammunition
X1				
X2				
X3				
X4				

B4 Please state fully your reasons for the possession of each firearm listed in B1 and B2 above.

Ref	If the firearms are to be used on your own land please indicate by ticking the box on the right	

If the space above is insufficient, please continue on the continuation sheet supplied in pack (Form 30/1(a)).

B5 Have you at any time had an application for the grant or variation of a firearm certificate refused or a certificate re-voked or had such a decision overturned on appeal?

No Yes If 'Yes' please give full details below:

Part C Storage of firearms and ammunition
Gun Cabinets must be or equivalent to BS7558

C1 Please state exact means of storage (eg Gun Cabinet)

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:

C3 Is the storage shared with another certificate holder?

No Yes If **yes** please give details below

Their Name	
Their PID and /or Certificate No	

Part D Criminal and other convictions

(to be completed by all applicants)

IT IS A CRIMINAL OFFENCE TO ANSWER INCORRECTLY

D1 Have you ever been convicted or received an official police caution for any offence, including motoring offences?

No Yes

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 Spent Convictions must also be given.
 (Rehabilitation of Offenders (Exceptions) Order Northern Ireland 1979)

Date of Court (approx)	Offence(s)	Sentence imposed

If the above space is insufficient to record all details please continue on a separate sheet of paper.

Please sign Part F overleaf.

Part E Referees

Required for grant and further grant applications.

You will require 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.

E1 FIRST REFEREE

Full Name	DOB
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Permanent Home Address

Postcode BT

Telephone No. (including mobile)

Declaration by first Referee

I declare that:

- a** to the best of my knowledge and belief the information given in this form is true; and
- b** the photographs which I have signed bear a true likeness to the applicant whom I have known for at least 2 years; and
- c** I know of no reason why the applicant should not be permitted to possess a firearm

First Referee Signature	Date

E2 SECOND REFEREE

Full Name	DOB
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Permanent Home Address

Postcode BT

Telephone No. (including mobile)

Declaration by second Referee

I declare that:

- a** to the best of my knowledge and belief the information given in this form is true; and
- b** the photographs which I have signed bear a true likeness to the applicant whom I have known for at least 2 years or 1 year if signing as a club official; and
- c** I know of no reason why the applicant should not be permitted to possess a firearm

Club name and position held. Enter N/A if appropriate

Second Referee Signature	Date

Part F Declaration

Must be completed by the Applicant

F1 I/We declare that the statements made on this form are true. I/We understand that I/we will be subject to a check of police records 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 applicant

Date

Usual signature of parent or guardian

Date

(If the applicant is under 18 years of age)

I enclose a cheque/postal order(s) 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

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 0845 600 8000 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'). 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.**