

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	Postcode	APPLICANT'S EXISTING PID NUMBER AND/OR FAC NUMBER	PID	
			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)	
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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 ACREAGE OF EACH AREA	
I AM THE	LANDOWNER*/TENANT*/HOLDER OF SHOOTING RIGHTS* <i>*Delete as appropriate</i>		OF THESE LANDS
NAME IN BLOCK CAPITALS	TELEPHONE NUMBER		
	MOBILE NUMBER		
POSTAL ADDRESS	SIGNATURE		
	DATE		
	Postcode		

Part 'C' CONFIRMATION OF VOLUNTARY REGISTERED CLAY PIGEON CLUB/WILDFOWLING CLUB OR GAME SYNDICATE MEMBERSHIP TO BE COMPLETED BY CLUB SECRETARY OR HEAD OF SYNDICATE				
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I CONFIRM THAT (Full Name of Individual)				
IS A	FULL/PROBATIONARY	MEMBER OF (Club Name)	Club URN	LID _____
CLUB TYPE	<input type="checkbox"/> CLAY PIGEON CLUB	<input type="checkbox"/> WILDFOWLING CLUB	<input type="checkbox"/> GAME SYNDICATE	
APPLICANT'S MEMBERSHIP NUMBER			EXPIRING ON	
NAME OF CLUB SECRETARY/SYNDICATE HEAD (CAPITALS)				
SIGNATURE	DATE		CONTACT TELEPHONE	