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| **NOT PROTECTIVELY MARKED** |
| **Police Service of Northern Ireland** |
|  |
| **PART B CONTINUATION SHEET** **APPLICATION FOR GRANT, FURTHER GRANT AND VARIATION** |
|  |
| **Name** |  | **PID Number (if known)** |  |
|  |
| **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** |
|  | **5** |       |       |       |       |
|  | **6** |       |       |       |       |
|  | **7** |       |       |       |       |
|  | **8** |       |       |       |       |
|  | **9** |       |       |       |       |
|  | **10** |       |       |       |       |
|  |
| **B2** | Firearms and ammunition which **you wish to purchase or acquire** *(if applicable write ‘None’)* |
|  |
|  | **Ref** | **Type and Make of Firearm** | **Calibre** | **Serial Number** | **Type and quantity of ammunition** |
|  | **E** |       |       |       |       |
|  | **F** |       |       |       |       |
|  | **G** |       |       |       |       |
|  | **H** |       |       |       |       |
|  | **I** |       |       |       |       |
|  | **J** |       |       |       |       |
|  |
| **B3** | Firearms and ammunition which **you intend to give up** *(if applicable write ‘None’))* |
|  |
|  | **Ref** | **Type and Make of Firearm** | **Calibre** | **Serial Number** | **Type and quantity of ammunition** |
|  | **X5** |       |       |       |       |
|  | **X6** |       |       |       |       |
|  | **X7** |       |       |       |       |
|  | **X8** |       |       |       |       |
|  | **X9** |       |       |       |       |
|  | **X10** |       |       |       |       |
|  |
| **B4** | Please state fully your reasons for the possession of all the firearms 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 |  |
|  |  |       | [ ]  |
|  |  |       | [ ]  |
|  |  |       | [ ]  |
|  |  |       | [ ]  |
|  |  |       | [ ]  |
|  |  |       | [ ]  |