

APPLICATION FOR THE GRANT OR RENEWAL OF A FIREARM AND/OR SHOTGUN CERTIFICATE

PLEASE READ THE NOTES THAT ACCOMPANY THIS FORM CAREFULLY BEFORE COMPLETING THE APPLICATION FORM

Please use black ink and write in **BLOCK CAPITALS** throughout, except when signing. A continuation form is provided at page 6 if you wish to provide any further information.

I am applying for (tick each box which applies)

- **Firearm certificate** Grant Renewal • **Shotgun certificate** Grant Renewal

Do you wish to apply for a shotgun certificate which will expire at the same time as your firearm certificate? **Yes** **No**

PART A: Personal details.	PART B: Personal health & medical declaration
<p>1. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>2. Title</p> <p>3. Surname</p> <p>4. Forenames (state all)</p> <p>5. If you have at any time used a name other than that given in answer to questions 3 and 4 please complete below:</p> <p>Previous surname(s).....</p> <p>Previous forename(s).....</p> <p>6. Home address</p> <p>.....</p> <p>.....</p> <p>a. Postcode</p> <p>b. Tel number</p> <p>c. Mobile number</p> <p>d. E-mail</p> <p>Any previous home addresses in the last 5 years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (If yes please give details on page 2)</p> <p>7. Height</p> <p>8. Date of Birth</p> <p>a. Place of birth</p> <p>b. Nationality..... ..</p> <p>9. Occupation</p> <p>a. Work address</p> <p>.....</p> <p>.....</p> <p>b. Postcode</p> <p>c. Tel number</p>	<p>10. Do you suffer from any medical conditions? Important: Read notes 5 & 6 before completion.</p> <p><input type="checkbox"/> Yes (If yes give details) <input type="checkbox"/> No</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>a. Have you ever received treatment for depression or any other kind of mental health condition?</p> <p><input type="checkbox"/> Yes (If yes give details) <input type="checkbox"/> No</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>11. Details of your GP / Specialist</p> <p>a. Name</p> <p>b. Address</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>c. Postcode</p> <p>d. Tel number</p> <p>e. E-mail</p>

I give the police permission to contact my GP and/or specialist to obtain factual details of any medical history in respect of this application.
This authority is valid for the life of the certificate(s).

I understand that my GP may share sensitive personal data with the police concerning my physical & mental health for the purpose of enabling the police to make a fully informed decision on my application & I hereby consent to this processing of my personal data.

Applicant's name (please print).....

Applicant's signature Date

PART C: Offences

Important : Please read note 1 before completion

12. Have you been convicted of any offence (not including parking) or received a written caution?

- Yes
- No

(If yes, give details of all convictions and/or formal written cautions, binding overs and spent convictions, including those received outside Great Britain).

Date	Offence
.....
.....
.....
.....

Previous home address(es) from the past five years:

Address 1

.....

Postcode

From To

Address 2

.....

Postcode

From To

Address 3

.....

Postcode

From To

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(If applying for a SHOTGUN certificate only go to part E)

PART D: Firearm details (if applicable).

13. Details of firearms currently held. **IMPORTANT: Please read note 9 before completion**

If none write NONE here:

Calibre Metric/Imperial	Type	Make e.g. Winchester	Serial No	Reason e.g. Target, vermin (please provide land/club details)

14. Details of firearms to be acquired. **IMPORTANT: Please read note 9 before completion**

If none write NONE here:

Calibre Metric/Imperial	Type	Reason e.g. Target, vermin (please provide land/club details)

15. Details of the maximum amount of ammunition to be possessed

Calibre Metric/Imperial	Quantity	Calibre Metric/Imperial	Quantity

16. Details of current (or in the case of a grant, proposed) security arrangements

a. Are the security arrangements at your home address? Yes No - please provide details

.....

.....

.....

.....

b. Type of security :

cabinet clamp gun room other - please provide details

.....

.....

c. Is the security shared with another certificate holder? Yes - please provide details No

.....

.....

.....

.....

d. Ammunition storage – please provide details

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PART E: Shotgun details (if applicable).

17. Details of shotguns currently held.

If none write NONE here

Calibre/Bore or gauge	Action/Type	Make	Serial No

18. Details of current (or in the case of a grant, proposed) security arrangements

a. Are the security arrangements at your home address? Yes No - please provide details

.....

.....

.....

.....

b. Type of security :

cabinet
 clamp
 gun room
 other - please provide details

.....

.....

c. Is the security shared with another certificate holder? Yes - please provide details No

.....

.....

.....

.....

DECLARATION

I hereby apply for a

- Firearm certificate** **Shotgun certificate**

The information I have provided on this form is true and I understand that it is an offence under section 28A(7) of the Firearms Act to knowingly or recklessly make a false statement for the purpose of procuring the grant or renewal of a certificate; the maximum penalty for which is six months' imprisonment and/or a fine. I understand that I will be subject to a check of police records and that my details will be held electronically.

Signature:

Print name:

Date:

I have enclosed FOUR identical photographs of a current likeness of me, the applicant. **See note 2 and 3 for details of the photographic requirements.**

If the applicant is under 18 years of age the following must be completed

- Parent** or **Guardian**

Signature:

Print name:

Date:

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PART F: Referee details. Please write in BLOCK CAPITALS

Referee for firearm and/or shotgun certificates.

Please give details of a suitable person who has agreed to act as a referee for you.

See notes 11 and 12

1. Title
2. Surname
3. Forename(s)
4. Date of birth (if known).....
- a. Place of birth (if known).....
5. Occupation
6. Home address
-
-Postcode
7. Home telephone number.....
- a. Work telephone number
- b. Mobile number
- c. Home e-mail
- d. Work e-mail.....
8. In what capacity do you know the referee?
9. How long has the referee known you?

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PART F: Referee details. Please write in BLOCK CAPITALS

A second referee is ONLY required for a firearm certificate . See note 11

Please give details of a suitable person who has agreed to act as a referee for you.

1. Title

2. Surname

3. Forename(s)

4. Date of birth (if known).....

a. Place of birth (if known).....

5. Occupation

6. Home address

.....

.....Postcode

7. Home telephone number.....

a. Work telephone number

b. Mobile number

c. Home e-mail

d. Work e-mail.....

8. In what capacity do you know the referee?

9. How long has the referee known you?

This page is left intentionally blank

PART G: Equality (Please tick the appropriate boxes)

EQUALITY INFORMATION

1. I would prefer not to answer any of the following questions.

2. **Do you have a disability?**

Yes No

Prefer not to say

3. **What is your ethnic group?**

A. White

English

Welsh

Scottish

Northern Irish

British

Irish

Gypsy or Irish Traveller

Any other white background, write in:

B. Mixed/multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian

Any other mixed/multiple ethnic background, write in:

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background, write in:

D. Black/African/Caribbean/Black British

African

Caribbean

Any other Black/African/Caribbean background, write in:

E. Other ethnic group

Arab

Any other ethnic group, write in:

F. Prefer not to say

4. **Gender**

Male Female

Prefer not to say

5. **What is your age group?**

Age group	Tick
66 and above	<input type="checkbox"/>
61-65	<input type="checkbox"/>
56-60	<input type="checkbox"/>
51-55	<input type="checkbox"/>
46-50	<input type="checkbox"/>
41-45	<input type="checkbox"/>
36-40	<input type="checkbox"/>
31-35	<input type="checkbox"/>
26-30	<input type="checkbox"/>
21-25	<input type="checkbox"/>
18-20	<input type="checkbox"/>
Under 18	<input type="checkbox"/>

Prefer not to say