

Application Process for a Firearm Licence

The process from application to final approval or rejection for a firearm licence is as follows:

1. The applicant completes the Firearm Licence Application Form, and submits along with a Medical Report for Firearm Licence, and the required documentation to ONE of the following locations:
 - a. The nearest Police Station; or
 - b. The Divisional Commander, Divisional Headquarters; or
 - c. The Commissioner of Police, Police Headquarters, Eve Leary, Georgetown; or
 - d. The Ministry of Public Security.
2. The applicant will be issued with an acknowledgment letter by the Commissioner of Police.
3. The Commissioner of Police will forward the application to the Criminal Investigation Department, Special Branch, and the relevant Divisional Commander, as the case may be for processing to commence.
4. During the processing of the application, police officers will visit the residence of the applicant, who will be required to give a statement, and have his/her fingerprints taken.
5. The Divisional Commander will verify the information contained in the application, and submit a report to the Commissioner of Police with a recommendation.
6. The Criminal Investigation Department and Special Branch will communicate the findings of their investigations to the Commissioner of Police.
7. On receipt of the required reports, the Commissioner of Police will forward his findings and recommendation to the Minister of Public Security for review by the Firearms Licensing Approval Board.
8. The Firearms Licensing Approval Board will review the recommendation of the Commissioner of Police, and make a recommendation to the Minister of Public Security.
9. The Minister of Public Security will grant or withhold his “no objection” to the recommendation of the Firearms Licensing Approval Board.
10. The Commissioner of Police will be notified of the outcome of the application.
11. The applicant will be notified, in writing, by the Commissioner of Police of the outcome of his/her application.
12. Successful applicants will be required to pay a processing fee at the respective Divisional Firearm Registry, following which they will commence the process of purchasing, licensing and uplifting a firearm and ammunition.
13. Unsuccessful applicants are advised of their right to appeal the refusal of their applications for firearm licences under the Firearms Act. The appeal must be submitted to the President.

A. GENERAL INFORMATION

Last Name :		Maiden Name:
First Name:		Alias:
Middle Name:		
Has your name ever been changed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES , what was your previous name? _____		
How was it changed? <input type="checkbox"/> Deed Poll <input type="checkbox"/> Court Order		
Date of Birth: ____/____/____ yyyy/mm/dd	Place of Birth:	Nationality:
Citizenship By: <input type="checkbox"/> Birth <input type="checkbox"/> Naturalization <input type="checkbox"/> Other (Please Specify): _____		
<input type="checkbox"/> Dual Citizenship (Please Specify): _____		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		
<input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law		
Immigration Status: <input type="checkbox"/> Voluntary Remigrant <input type="checkbox"/> Involuntary Remigrant <input type="checkbox"/> Not Applicable		
Address:		
Present: _____		

Previous: _____		

Tel. No.:	Cell No.:	E-mail:
National I.D. No.:	Passport No.:	TIN:

B. TYPE OF FIREARM(S) BEING REPLACED

<input type="checkbox"/> Pistol/Revolver	<input type="checkbox"/> Shotgun	<input type="checkbox"/> Rifle
		<input type="checkbox"/> Bolt Action
		<input type="checkbox"/> Semi-Automatic
<input type="checkbox"/> .22	<input type="checkbox"/> 12 Gauge	<input type="checkbox"/> .22
<input type="checkbox"/> .25	<input type="checkbox"/> 16 Gauge	<input type="checkbox"/> .223
<input type="checkbox"/> .32	<input type="checkbox"/> 20 Gauge	<input type="checkbox"/> .243
<input type="checkbox"/> 9 mm		<input type="checkbox"/> .270

Firearm Serial Number: _____ Guyana Marking: _____

Firearm Holder Licence Number: _____

Date Original Licence Issued: _____

C. FIREARM BACKGROUND INFORMATION

Reason for replacing firearm Lost Stolen Damaged Destroyed Other

Please give full details _____

D. PARTICULARS OF REFEREES (Justices of the Peace are not accepted as referees)

Name of Referee:		Name of Referee:	
Address: _____ _____		Address: _____ _____	
Tel. No.:	Cell No.:	Tel. No.:	Cell No.:
Profession or Occupation:		Profession or Occupation:	
Place of Employment:		Place of Employment:	
Name & Address of Employer: _____ _____ _____		Name & Address of Employer: _____ _____ _____	
Signature:		Signature:	
Date:		Date:	
By signing this form, you are attesting to the fact that you have known the applicant _____ for a period of five (5) years or more and that the information given by the applicant is true and correct to the best of your knowledge.		By signing this form, you are attesting to the fact that you have known the applicant _____ for a period of five (5) years or more and that the information given by the applicant is true and correct to the best of your knowledge.	

E. DECLARATION

I hereby declare that the information provided by me is true and correct to the best of my knowledge.

Signature of Applicant

Date

Person preparing this application other than applicant

I hereby certify that this application was prepared by me on the basis of information of which I have knowledge.

Signature

Date

If the applicant is unable to sign, the person filling the form should sign the form and the applicant should place his right thumb print in the space reserved for signature of applicant.

**FOR OFFICIAL USE ONLY
(Sections F, G and H)**

F. T.S.U COMMENTS

G. COP COMMENTS

H. DETAILS OF REPLACEMENT FIREARM

<input type="checkbox"/> Pistol/Revolver	<input type="checkbox"/> Shotgun	<input type="checkbox"/> Rifle <input type="checkbox"/> Bolt Action <input type="checkbox"/> Semi-Automatic
<input type="checkbox"/> .22	<input type="checkbox"/> 12 Gauge	<input type="checkbox"/> .22
<input type="checkbox"/> .25	<input type="checkbox"/> 16 Gauge	<input type="checkbox"/> .223
<input type="checkbox"/> .32	<input type="checkbox"/> 20 Gauge	<input type="checkbox"/> .243
<input type="checkbox"/> 9 mm		<input type="checkbox"/> .270

Firearm Serial Number: _____

Firearm New Licence Number: _____

Date of Issue : _____