



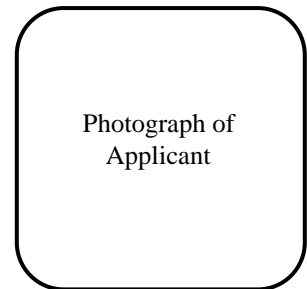
**Republic of Guyana**  
**APPLICATION FOR FIREARM LICENCE**  
**(BY AN AMERINDIAN LIVING IN A REMOTE VILLAGE OR COMMUNITY)**

**INSTRUCTION:** Please complete application in **CAPITAL LETTERS**.

Failure to complete all sections will affect processing of the application.

If you need more space for any section, print an additional page containing the appropriate section, complete and submit with application.

Last Name:
Maiden Name:
First Name:
Middle Name:
Alias:



**FOR OFFICIAL USE ONLY**

**Police Division:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  yyyy/mm/dd

**Form Number:** \_\_\_\_\_

Applicants are required to submit two (2) recent passport size photographs, along with the following documents to facilitate processing of the application:

**DOCUMENTS REQUIRED** (Copies and original for verification, where applicable)

1. Birth Certificate, Naturalization or Registration Certificate (if applicable)
2. National Identification Card or Passport (if applicable)
3. Two (2) recent testimonials in support of the application
4. Evidence of farming activities
5. Evidence of occupation of land
6. Firearms Licensing Approval Board Medical Report

**NOTE:** Applicants are advised that the submission of photographic evidence of their farms will be helpful.

**PROCESSING FEE**

All successful applicants are required to pay a processing fee. The fee applicable to Amerindians living in remote villages and communities is \$ 5,000.00 (Shotgun).

**PLEASE REFER TO THE ATTACHED LIST OF REMOTE VILLAGES AND COMMUNITIES.**

### **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 acknowledgement 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 <b>YES</b> , 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:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
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			
Address: Present: _____ _____			
Previous: _____ _____			
Tel. No.:		Cell No.:	E-mail:
National I.D. No.:		Passport No.:	TIN:
Occupation: _____			

**B. BACKGROUND INFORMATION**

1. Have you ever applied for a firearm licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please provide details _____		
2. Have you ever been refused a firearm licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has your firearm licence ever been revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has your firearm ever been seized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , was it returned to you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Have you ever lost or misplaced your firearm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , complete section C.		
6. Is any other member of your household a licensed firearm holder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please state name _____		
7. Has any other member of your household ever been refused a firearm licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever been convicted or discharged on any offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever been treated for emotional problems, drugs or alcohol abuse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Do you suffer from Epilepsy (Fits)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you ever been placed on bond by the court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you ever been charged by the police?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please state date and offence(s) _____		
13. Are you currently awaiting trial for any offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>YES</b> , please state _____		

**C. FIREARM BACKGROUND INFORMATION**

If you have answered YES to Section B 3, 4 and 5, please give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. TYPE OF SHOTGUN REQUIRED**

12 Gauge

16 Gauge

20 Gauge

**E. USE OF THE FIREARM**

Personal Protection

Protection of Crops/Livestock

Hunting

Other (Please Specify): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**F. AMMUNITION REQUIRED**

Please indicate the maximum amount of ammunition you desire to have in your possession at any one time. \_\_\_\_\_

**G. 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.	

## H. FAMILY INFORMATION

Please print additional pages, as may be necessary.

### SECTION A

Full Name	Relationship SEE NOTE 1	Date of Birth yyyy/mm/dd	Present Address (if deceased give last address and date)
			Present Occupation
	SPOUSE OR COMMON-LAW PARTNER		
	MOTHER		
	FATHER		

**NOTE 1:** If no spouse or common-law partner is listed in Section A, read and sign below.

I certify that I do not have a spouse or common-law partner. \_\_\_\_\_  
Signature Date

### SECTION B

**CHILDREN** (Include ALL sons and daughters, including ALL adopted and step-children, regardless of age or place of residence)

Full Name	Relationship SEE NOTE 2	Date of Birth yyyy/mm/dd	Marital Status	Present Address (if deceased give last address and date)
				Present Occupation

**NOTE 2:** If no children are listed in Section B, read and sign below.

I certify that I do not have any children, either biological or adopted. \_\_\_\_\_  
Signature Date

**SECTION C**

**BROTHERS AND SISTERS (Include ALL brothers and sisters, ALL half-brothers and half-sisters and stepbrothers and stepsisters.)**

Full Name	Relationship SEE NOTE 3	Date of Birth yyyy/mm/dd	Marital Status	Present Address (if deceased give last address and date)
				Present Occupation

**NOTE 3:** If no brothers and sisters are listed in Section C, read and sign below.

I certify that I do not have any brothers and sisters.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

**I. 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.

## REMOTE AMERINDIAN VILLAGES/COMMUNITIES

Achawib	Dog Point	Karrau	Pai Pang	St. Anslym
Agatash	Eclipse Falls	Kartabo	Parabara	St. dominics
Aishalton	El Paso/ Tumatumari	Kato	Parakese	St. Ignatius (Farmlands & Homesteads)
Almond Beach	Fairview	Katoka	Paramakatoi	Surama
Annai	Fal Mouth	Katoonarib	Parikwarunau	Taruka
Annai Central	Father's Beach	Katuur	Parishara	Tassarene
Apoteri	Five Star	Kimbria	Paruima	Tassawini
Arakaka	Fly Hill	Koberimo	Phillipai	Taushida
Aranaputa	Four Miles	Kokerite	Potarinau	Thomas Hill
Arau	Great Falls (#58)	Koko	Powaikuru	Three Brothers
Aruau	Haimacabra	Konashen/Masakenyari	Princeville	Tiger Pond
Aruka Mouth	Haiwa	Kopinang	Quarrie	Tiperu
Arukamai	Hobodia	Kumaka	Quatata	Tobago & Wauna Hill
Assakata	Hosororo	Kumu	Quebanang	Toka
Awarewaunau	Hotoquai	Kurukabaru	Quiko	Tuseneng
Baitoon	Hurudiah	Kurutuku	Red Hill	Unity Square
Bamboo Creek	Hururu	Kwabanna	Rewa	Waikrebi
Baramita	Imbotero	Kwaimatta	Rincon	Waipa
Barasina	Isseneru	Kwatamang	Riversview	Wallaba
Barbina	Itabac	Lower Kaituma	Rockstone	Wanakai – Yurukaikuru
Barima Koriabo	Jawalla	Lower kariabo	Rockstone	Waramadong
Bashanzon	Jawari	Lower Koriabo	Rukumuta	Waramuri
Bashazion	Kaburi	Mahoe	Rupanau	Warapoka
Batavia	Kaibarupai	Maikwak	Rupertee	Warawatta/Kamarang
Big Creek	Kaicumbay	Malali	Sand Creek	Wax Creek
Black Water	Kaikan	Manawarin	Sandhills	Wayaleng
Bumbury Hill	Kako	Maruranau	Santa Cruz (Aka. Little Kanaballi)	Werimoor
Cabrora	Kamana	Massara	Santa Rosa	White Creek
Campbelltown	Kambaru	Meriwau	Santa Rosa & Islands	Whitewater
Canal Bank	Kamwatta	Micobie	Sawariwau	Wichabai
Cashew island	Kamwatta Eye Lash	Moco Moco	Sawariwau	Wikki/Calcuni
Chenapau	Kamwatta Hill	Monkey Mountain	Saxacalli	Wiruni
Chinese Landing	Kanapang	Mora	Scared Heart	Wowetta
Chinoweng	Kangaruma	Moraikobai	Schulinab	Yakarinta
Chiung Mouth	Karaburi	Morawannah	Sebai	Yarakita
Churikadnau	Karasabai	Mountain Foot	Semonie	Yupukari
Citrus Grove	Karaudaranau	Muritaro	Shea	Yurong Paru
Cra Crana	Kariabo	Nappi	Shiriri	
Crashwater	Kariako	Orealla	Siparuta	
Curicock	Karisparu	Oronoque	Smith Creek	