

Application Process for a Firearms Dealer's Licence

The process from application to final approval or rejection for a firearms Dealer's licence is as follows:

1. The applicant completes the 'Application for a Firearms Dealer's Licence' and submits along with the required documentation to **ONE** of the following locations:
 - a. The Divisional Commander, Divisional Headquarters; or
 - b. The Commissioner of Police, Police Headquarters, Eve Leary, Georgetown; or
 - c. 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 the stock of firearms and ammunition.
13. Successful applicants are advised to contact the Ministry responsible for Commerce for assistance in obtaining an Import Permit.
14. 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: | |
| Profession or Occupation: _____ If Self Employed (Please fill out Section C) | | | |
| Name of Employer: | | | |
| Address of Employer: _____ _____ _____ | | | |
| Tel. No.: | Fax No.: | E-mail: | |

D. BUSINESS INFORMATION

| | | |
|--|----------|---------|
| Are you a businessman/businesswoman? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you have a registered business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If YES , please state VAT Registration Number: If NOT registered, state reason: | | |
| Type of Business: | | |
| Name of Business: | | |
| Address: _____ _____ | | |
| Tel. No.: | Fax No.: | E-mail: |

E. 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. | |

F. 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

G. 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.