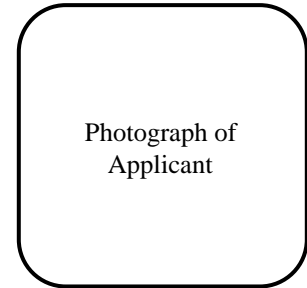




Republic of Guyana
APPLICATION FOR FIREARM LICENCE BY A FARMER

INSTRUCTION: Please complete application in **CAPITAL LETTERS**.
Failure to complete all sections will affect processing of the 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. Vehicle Registration (if applicable)
2. Business Registration (if applicable)
3. Guyana Revenue Authority (GRA) liability statement (if applicable)
4. Title/Lease/Transport to land/property (if applicable)
5. National Identification Card or Passport
6. Birth Certificate, Naturalization or Registration Certificate (if applicable)
7. Two (2) recent testimonials in support of the application
8. Evidence of farming activities (receipts for sale of produce/livestock; receipts for purchase of farming equipment, fertilizer, fuel, etc)
9. Firearms Licensing Approval Board Medical Report
10. Proof of current address (one utility bill)

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 Farmers is \$5,000.00 (Shotgun).

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 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. BACKGROUND INFORMATION

1. Have you ever applied for a firearm licence? Yes No
If **YES**, please provide details _____

3. Have you ever been refused a firearm licence? Yes No
4. Has your firearm licence ever been revoked? Yes No
5. Has your firearm ever been seized? Yes No
If **YES**, was it returned to you? Yes No
6. Have you ever lost or misplaced your firearm? Yes No
If **YES**, complete section C.
7. Is any other member of your household a licensed firearm holder? Yes No
If **YES**, please state name _____
8. Has any other member of your household ever been refused a firearm licence? Yes No
9. Have you ever been convicted or discharged on any offence? Yes No
10. Have you ever been treated for emotional problems, drugs or alcohol abuse? Yes No
11. Do you suffer from Epilepsy (Fits)? Yes No
12. Have you ever been placed on bond by the court? Yes No
13. Have you ever been charged by the police? Yes No
If **YES**, please state date and offence(s) _____
14. Are you currently awaiting trial for any offence? Yes No
If **YES**, please state _____
15. Storage of weapon(s) when not in use
Please indicate how you intend to store of weapon when not in use

16. Is the farm a joint farming effort? Yes No
If **YES**, would the firearm require joint ownership? Yes No
If **YES**, please state name and relation _____

C. FIREARM BACKGROUND INFORMATION

If you have answered YES to Section B 4, 5 and 6, please give details:

D. BUSINESS INFORMATION

Do you have a registered business? Yes No

If **YES**, please state VAT Registration Number:

If **NOT** registered, state reason:

Number of years the business has been in existence:

Type of Farmer: Rice Cash Crop Livestock
 Other (Please Specify): _____

Location of Farm: _____

Amount of hectares of land currently under cultivation:

Amount of hectares of land currently in use for farming:

E. TYPE OF SHOTGUN REQUIRED

12 Gauge 16 Gauge 20 Gauge

F. USE OF THE FIREARM

Protection of Crops/Livestock Protection of Business
 Personal Protection
 Other (Please Specify): _____

G. AMMUNITION REQUIRED

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

H. 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.	

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.