

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:
Profession or Occupation: _____			
If self-employed, please complete Section C			
Name of Employer:			
Address of Employer: _____			

Tel. No.:		Fax No.:	E-mail:

B. BACKGROUND INFORMATION

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 Has your firearm licence ever been revoked?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

C. BUSINESS INFORMATION FOR SELF-EMPLOYED PERSONS

Are you a businessman/businesswoman? Yes No

Do you have a registered business? Yes 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:

D. TYPE OF FIREARM REQUIRED

<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

NOTE: The Firearms Licensing Approval Board will exercise its discretion in recommending applicants for 9mm pistols.

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. 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

J. 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.