



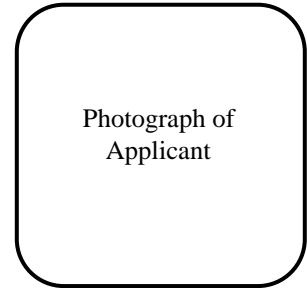
Republic of Guyana
APPLICATION FOR THE TRANSFER OF
OWNERSHIP OF A FIREARM

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.

Information for Applicant
Last Name:
Maiden Name:
First Name:
Middle Name:
Alias:



Name of the Firearm Licence Holder		
_____	_____	_____
First Name	Middle Name	Last Name

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 FOR APPLICANT (Copies and original for verification, where applicable)

1. Vehicle Registration (if applicable)
2. Business Registration (if applicable)
3. Permits/Licences (if applicable)
4. Business Financial Statement (if applicable)
5. VAT registration Certificate (if applicable)
6. Guyana Revenue Authority (GRA) liability statement
7. Evidence of NIS/PAYE contributions for employees (if applicable)
8. Title/Lease/Transport to land/property (if applicable)
9. Visa/Work Permit, Naturalization or Registration Certificate (if applicable)
10. National Identification Card or Passport
11. Two (2) recent testimonials in support of the application
12. Firearms Licencing Approval Board Medical Report
13. Proof of current address (one utility bill)
14. In cases where the owner of the firearm(s) is deceased, a copy of the death certificate and proof of relationship between applicant and the owner of the firearm(s) must be submitted

PROCESSING FEE

All successful applicants are required to pay a processing fee. The fee structure is as follows:

- Shotgun \$5,000.00
- Handgun (pistol) \$20,000.00
- Rifle \$25,000.00

Application Process for a Firearm Licence/ Transfer of Ownership

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 FOR APPLICANT

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:
Name of Employer:			
Address of Employer: _____			

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

B. GENERAL INFORMATION FOR FIREARM OWNER

If owner is deceased, please check not applicable. <input type="checkbox"/> Not Applicable		
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 No.:
Profession or Occupation: _____ If self-employed, please complete Section D:		
Name of Employer:		
Address of Employer: _____ _____ _____		
Tel. No.:	Fax No.:	E-mail:

C. BACKGROUND INFORMATION FOR APPLICANT

- 1. Have you ever applied for a firearm licence? Yes No
- 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. Is any other member of your household a licensed
firearm holder? Yes No
- 6. Has any other member of your household ever been
refused a firearm licence? Yes No
- 7. Have you ever been convicted or discharged
on any offence? Yes No
- 8. Have you ever been treated for emotional problems,
drugs or alcohol use/abuse? Yes No
- 9. Do you suffer from Epilepsy (Fits)? Yes No
- 10. Have you ever been placed on bond by the court? Yes No
- 11. Have you ever been charged by the police?
If **YES**, please state date and offence(s) _____
- 12. Are you currently awaiting trial for any offence? Yes No
If **YES**, please state _____

D. BUSINESS INFORMATION FOR FIREARM OWNER

If owner is deceased, please check not applicable. Not Applicable

Are you a businessman/businesswoman? Yes No

Do you have a registered business? Yes No

Type of Business:

Name of Business:

Address: _____

Tel. No.:

Fax No.:

E-mail:

E. BUSINESS INFORMATION FOR APPLICANT

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:

Is your income tax return paid up to date? Yes No

If **NO**, what is the current state? _____

F. TYPE OF FIREARM BEING TRANSFERRED

Pistol/Revolver

Shotgun

Rifle

Bolt Action

Semi-Automatic

.22

12 Gauge

.22

.25

16 Gauge

.223

.32

20 Gauge

.243

9 mm

.270

Firearm Serial Number: _____ Guyana Marking: _____

Firearm Holder Licence Number: _____

G. USE OF THE FIREARM

Personal Protection

Protection of Business

Protection of Crops/Livestock

Hunting

Other (Please Specify): _____

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 OF APPLICANT

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 Firearm Owner
(if applicable)

Date

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.