



Republic of Guyana

FIREARM REGISTRATION FORM (INDIVIDUAL)

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

A. APPLICANT'S BIO-DATA

Last Name :	First Name:	Middle Name:
Date of Birth: ____/____/____ yyyy/mm/dd	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:
Present Address: _____ _____		
Previous Address: _____ _____		
Tel. No.:	National I.D. No.:	Profession or Occupation:
		E-mail:

B. TYPE OF FIREARM(S) BEING REGISTERED

PISTOL/REVOLVER

Quantity	Calibre	Firearm Serial Number(s)	Guyana Marking(s)
	<input type="checkbox"/> .22		
	<input type="checkbox"/> .25		
	<input type="checkbox"/> .32		
	<input type="checkbox"/> 9 mm		
	<input type="checkbox"/> Other		

SHOTGUN

Quantity	Calibre	Firearm Serial Number(s)	Guyana Marking(s)
	<input type="checkbox"/> 12 Gauge		
	<input type="checkbox"/> 16 Gauge		
	<input type="checkbox"/> 20 Gauge		
	<input type="checkbox"/> Other		

RIFLE Bolt Action Semi-Automatic

Quantity	Calibre	Firearm Serial Number(s)	Guyana Marking(s)
	<input type="checkbox"/> .22		
	<input type="checkbox"/> .223		
	<input type="checkbox"/> .243		
	<input type="checkbox"/> .270		
	<input type="checkbox"/> Other		

Date of Application:	Station/Division where Application was processed:
Date Original Licence was Issued:	Station/Division where Original Licence was Issued:

C. USE OF THE FIREARM

<input type="checkbox"/> Protection of Business	<input type="checkbox"/> Provision of Security Services
<input type="checkbox"/> Personal Protection	<input type="checkbox"/> Protection of Crops/Livestock
<input type="checkbox"/> Other (Please Specify): _____	

D. DECLARATION

I hereby declare that the information provided by me is true and correct to the best of my knowledge.

Signature of Registrant

Date