

FIREARM LICENSING AUTHORITY

Request for Renewal of Licences, Certificates and Permits



Type of Authorisation:			
Firearm Broker's Licence <input type="checkbox"/>	Firearm Dealer's Licence <input type="checkbox"/>	Firearm User's Licence <input type="checkbox"/>	Antique Firearm Collector's Licence <input type="checkbox"/>
Firearm Manufacturer's Licence <input type="checkbox"/>	Gunsmith Licence <input type="checkbox"/>	Firearm Trainer's Licence <input type="checkbox"/>	Firearm Ranger Operator Licen <input type="checkbox"/>
Firearm User's (Business) Licence <input type="checkbox"/>	Firearm User's (Employee's) Certificate <input type="checkbox"/>	Firearm Shooting Range Licence <input type="checkbox"/>	
Firearm User's (Restricted) Licence <input type="checkbox"/>	Firearm User's (Secondary) Certificate <input type="checkbox"/>		
HOLDER'S NAME			T.R.N.
LAST NAME	FIRST NAME	MIDDLE NAME	
HOME TELEPHONE	BUSINESS TELEPHONE	MOBILE TELEPHONE	
OCCUPATION	BIRTHDATE DD/MM/YYYY	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMAIL ADDRESS
HOME ADDRESS		WORK ADDRESS	
Street/District:		Street/District:	
City/Town:		City/Town:	
Parish:		Parish:	
Country:		Country:	
CURRENT EMPLOYMENT DETAILS			
Name of Business/Employer:	Address:		Period of Employment (eg. 1943-1987):
PREVIOUS EMPLOYMENT			
Name of Business/Employer:	Address:	Occupation:	Period of Employment (eg. 1943-1987):
NEXT OF KIN			
LAST NAME	FIRST NAME	MIDDLE NAME	Relationship to Applicant
EMAIL ADDRESS	HOME TELEPHONE	MOBILE TELEPHONE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

"WARNING:IT IS AN OFFENCE TO KNOWINGLY MAKE A FALSE DECLARATION ON THIS APPLICATION AND THIS MAY RESULT IN THE DENIAL AND/OR REVOCATION OF YOUR APPLICATION AND/OR AUTHORISATION.

Has any Firearm Authorisations previously issued to you been revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, state reason:
Has any previous Firearm issued to you been lost <input type="checkbox"/> or stolen <input type="checkbox"/> Neither <input type="checkbox"/>
Have you or any member of your household ever been detained by police, arrested, charged and/or convicted of a criminal offence locally or abroad? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details
Have you ever been deported from a foreign country? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever suffered from any mental health issues? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, give details:
Have you ever engaged in alcohol, drugs or substance abuse? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been detained, convicted or charged with domestic violence?
If yes, give details
Are you domiciled or ordinarily a resident in Jamaica, (2 consecutive years) immediately preceding this application? YES <input type="checkbox"/> NO <input type="checkbox"/>

Declaration of Truth

I certify that the information provided on this application is true to the best of my knowledge, information and belief.

Applicant's Signature _____ Date _____

FOR OFFICIAL USE

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Application Number	INTERVIEW PROCESS		
	Officer's Name	Officer's Signature	Interview Date dd/mm/yy
Required Service (s)	FINGERPRINT PROCESS		
Interview <input type="checkbox"/> Fingerprint <input type="checkbox"/> Ballistic Testing <input type="checkbox"/>	Officer's Name	Officer's Signature	Fingerprint Date dd/mm/yy
Supporting documents	FIREARM EXAMINATION		
<input type="checkbox"/> 2 Recommendations <input type="checkbox"/> Firearm Licence/Certificate	Type:	Model:	Calibre:

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<input type="checkbox"/> Fingerprint Receipt			
Licence Fee Payable:		Renewal Period:	
	Serial Number		
	Comments:	Signature:	
Ballistic Notes			
Total Firearms to be tested (words)	Firearms Tested (DD/MM/YY)		
Signature of Balistic Manager:		Date of Completion (DD/MM/YY)	
PROVISIONAL RENEWAL- FOR THE DIRECTOR OF APPLICATIONS AND CERTIFICATION USE ONLY			
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Approval (DD/MM/YY)	Comments	
Licence Issue Date	Licence Issue Division		
Director's Signature			

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