

# FIREARM LICENSING AUTHORITY

## Instructions For Completion of Application Form for Firearm Manufacturer's Licence



1. A single application form (**FLA201**) must be completed and signed by the applicant. Application forms may be downloaded from the Authority's website (<https://fla.gov.jm/>) or collected at any of the FLA Offices
2. Applicant **must be 21 years old and over**.

The following supporting documents are required for **Application for Firearm Manufacturer's Licence**:

**A. Two (2) Passport sized photographs:**

- ✓ One (1) certified by a Justice of the Peace. NB: This should bear J.P's registration number, signature & date. Photographs are to be taken against a white background. **(Do not seal photos)**

**B. Two (2) recommendations from any of the following categories of persons:**

- ✓ Minister of Religion (must be a Marriage officer);
- ✓ Justice of the Peace;
- ✓ School Principal;
- ✓ Gazetted Rank Police Officer (not below the rank of Deputy Superintendent);
- ✓ Attorney-at-Law or Resident Magistrate;
- ✓ Medical Doctor ;
- ✓ Member of the J.D.F (not below rank of Major); and
- ✓ Member of Parliament.

Recommendations are to be addressed to the Firearm Licensing Authority and **MUST** state the applicant's address, the number of years the referee has known the applicant (**not less than 5 years**), as well as a reference to the applicant's character.

**C. Birth Certificate.** (Original and Photocopy).

- ✓ **Proof of name change if name has been changed:** (Marriage certificate, Deed poll, Divorce Decree)

**D. Valid Government issued ID** (Passport, Driver's Licence, Voter's ID).

**E. Copy of Land Title/Lease Agreement.**

**F. Copy of Manufacturer's Certification.**

**G. Trauma First Aid Certification** (must be current).

**H. Fingerprint Receipt:**

- ✓ Purchase fingerprint receipt at the tax office, visit the Criminal Records Office to complete fingerprint process. Upon completion, the original fingerprint receipt **MUST accompany the application package**. (**Applicable only if the applicant has not been manually fingerprinted within the last five years**).

**I. Authorization letter from Municipal Council / Parish Council.**

**J. Authorization letter from National Environment Planning Agency (NEPA).**

**K. A non-objection letter from the Superintendent of the Police.**

- Application Form(s) and supporting documents are to be submitted directly to the Firearm Licensing Authority (FLA), or any of the FLA offices. **ONLY COMPLETE APPLICATION PACKAGES WILL BE ACCEPTED.**
- Recommendations and Authorization Letters issued more than 6 months prior to the submission of the application will **NOT** be accepted.
- An application fee payable at any of the FLA offices is required upon submission of application. Debit Card, Credit Card and cash transactions are accepted.
- The date of the interview will be scheduled for up to the 10th working day (**excluding weekends and public holidays**) after receipt of the application by the FLA.

**For further enquiries please contact us at:**

**Headquarters**  
91A Old Hope Road, Kingston 6,  
Jamaica, W.I.  
Tele: (876) 927-5159-60/  
(876) 927-6057-59

**Montego Bay Regional Office**  
Shop #9, Bogue City Centre  
Bogue, Montego Bay, St. James  
Tele: (876) 978-0245

**Mandeville Regional Office**  
Shop G15, James Warehouse Plaza  
Mandeville, Manchester  
Tele: (876) 927-6073 (876) 927-6075  
(876) 618-0487 (Digicel) 962-3063

**St. Ann Regional Office**  
Lot 60, Dairy Road  
Discovery Bay, St. Ann  
Tele: Flow- 876-670-0812  
Digicel- 876-618-2920-21

# FIREARM LICENSING AUTHORITY

## Application for Firearm Manufacturer's Licence



To Be Completed in BLOCK LETTERS

### Section A

Applicant's Name – Last Name, First Name, Middle Name Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/> Please state: _____				Photograph of Applicant
Other names (Nickname, alias, pet name)				
Date of Birth	Age	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Place and Parish of Birth (Hospital/Home, Clinic)	
Nationality		Marital Status		Email Address
Home Telephone No.		Telephone No.(Mobile)		Business Telephone No. (including Ext.)
<i>Next Of Kin Information</i>				
Name – Last Name, First Name, Middle Name Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>			Relationship to Applicant	Occupation
Email		Home Telephone No.	Mobile	Business Telephone No.(including extension)
<b>Referees (must not be the same person who wrote the recommendation)</b>				
Name – Last Name, First Name, Middle Name Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>			Occupation	
Email		Home Telephone No.	Mobile	Business Telephone No.(including extension)
Name – Last Name, First Name, Middle Name Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>			Occupation	
Email		Home Telephone No.	Mobile	Business Telephone No.(including extension)
Are you domiciled or ordinarily a resident in Jamaica, (2 consecutive years) immediately preceding this application? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Current Address of Residence	Country	Parish	City/Town	Period of Residence (e.g. 1987- Present)
Previous Address of Residence	Country	Parish	City/Town	Period of Residence (e.g. 1943- 1987)

Have you ever lived or worked outside of Jamaica? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, state period(s), name of organization(s), location(s) and nature of employment in the space below.	
If yes, state address of last residence in the space below (if exceeds more than six months)	

### Section B

I.D Type and Number (Driver's Licence, Passport, National ID)
Tax Registration No. (TRN) (Personal)
Tax Registration No. (TRN) (business)

**Section C**

Have you received a Manufacturer's Certification? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, state details of certification _____		
Name and Address of current Business/Employer	Date/Time Period e.g. (2000-Present)	Occupation
Name and Address of Previous Business/Employer	Date/Time Period e.g.(1999-2000)	Occupation

**Section D**

State Name Of Intended Business for which the Licence is being made		
Address Of Intended Location:		
Type of Business: Sole Proprietor (Individual) <input type="checkbox"/> Sole Proprietor (Company) <input type="checkbox"/> Partnership <input type="checkbox"/>		
Please List the Directors/Proprietors		
Is the intended location of the business owned <input type="checkbox"/> rented <input type="checkbox"/> leased <input type="checkbox"/> ?		
What is the size of the location? _____		
Please state the source of funding:		

**Section E**

Have you ever applied for a Firearm Authorisation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What was the result?	
If yes, complete the section below.	
Type of Authorisation	Date of Issue
Has any Firearm Authorisation previously issued to you been revoked, cancelled, suspended, surrendered? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state reason: _____	
Has any previous Firearm issued to you been seized, lost or stolen? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable If yes, give details: _____	
Have you or any other 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 suffered from any mental health issues? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give details: _____	
Have you ever engaged in alcohol, drugs, or substance abuse? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been detained/convicted or charged with domestic violence? YES <input type="checkbox"/> NO <input type="checkbox"/>	

**Section F**

State your reason(s) for application

**Section G** (Please read and indicate your agreement to each statement by ticking the boxes)

- I consent to be fingerprinted and consent that such prints may be used to facilitate background security checks.
- I am aware that this application may be discarded should I fail to complete the processes as required by the Authority.

**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 \_\_\_\_\_

**Section H**

FOR OFFICIAL USE ONLY	
Date of Interview:	Method of submission:
Fees paid:	Payment receipt number:
Name of Interviewing Officer:	Signature of Interviewing Officer:
Name of Supervisor:	Signature of Supervisor: