

FIREARM LICENSING AUTHORITY

Instructions for Completion of Application Form for
Firearm User's Secondary Certificate (FOR BIRDSHOOTING SEASON ONLY)



REQUIREMENT FOR NEW APPLICATION

1. Applicant **must be 21 years old and over** to apply.
2. Completed Firearm User's Secondary Certificate application form – FLA 214 (signed by applicant and primary holder). Download form from the FLA's website (www.fla.gov.jm).

The following supporting documents are required: -

- A. **Birth Certificate** (Birth Certificate. Original and Photocopy).
Proof of name change (if name has been changed) Marriage certificate, Deep poll, Divorce Decree).
- B. **Valid Government issued ID** (Passport, Driver's Licence, Voter's ID)
- C. **Copy of Applicant's TRN** (TRN card or Driver's Licence).
- D. **Copy of Firearm User's Licence and current certificate of registration** belonging to the primary holder.
- E. **Licence fee receipt.**
- F. **Permit previously issued.** (If cannot be located, a letter stating same is required).

REQUIREMENT FOR REGISTRATION (formerly RENEWAL):

- A. **One (1) completed Renewal Form** (FLA#014).
 - B. **Licence fee receipt.**
 - C. **Copy of current licence card and licence fee certificate** (for firearms listed on application form) belonging to primary holder.
 - D. **Permit previously issued.** (If cannot be located, a letter stating same is required).
- Applicant who wishes to use a different firearm from the one previously approved, is required to submit all the documents needed for a new Firearm User's Secondary Certificate.
 - All applicants will be electronically fingerprinted.
 - 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.**
 - 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.**

For further enquiries please contact us at:

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

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 User's (Secondary) Certificate



To Be Completed in BLOCK LETTERS

PERSONAL

Section A

Applicant's Name – First Name, Last 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.		Mobile Telephone No.		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 Address		Home Telephone No.		Mobile No.	Business Telephone No. (including extension)

Referees (Must not be the person who wrote the recommendation)

Name–Last name, First Name, Middle Name Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>			Occupation		
Email Address		Home Telephone No.		Mobile No.	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 Address		Home Telephone No.		Mobile No.	Business Telephone No. (including extension)

Section B

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

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)

Section D

Name and Address of Present 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 E

Have you ever lived or worked outside of Jamaica? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, state period(s), name of organisation(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 F

State the details of the firearm for which the Firearm User's Secondary Certificate application is being made:				
Firearm Make:	Firearm Model:	Firearm Type:	Firearm Calibre:	Firearm Serial Number:
1.				
2.				
3.				

Section G

Nearest Police Station to Place of Residence	Nearest Police Station to Place of Employment/Business

Section H

Name of Firearm Holder in relation to whose firearm(s) the Certificate is being sought	Address	Telephone No.	Make, Type, Calibre and Serial No. of Firearm(s)

Section I

Have you ever applied for a Firearm Authorisation? Yes No

What was the result?

If yes, complete the section below.

Type of Licence:	Date of Issue:

Has any Firearm Authorisation previously issued to you been revoked , cancelled , suspended or surrendered ? Yes No
If yes, state reason:

Has any previous Firearm issued to you been seized, lost or stolen? Yes No Not applicable
If yes, give details:

Have you ever been detained by police, arrested, charged and/or convicted of a criminal offence locally or abroad? Yes No
If yes, give details

Have you ever been deported from a foreign country? Yes No
If yes, give details:

Are you domiciled or ordinarily a resident in Jamaica, (2 consecutive years) immediately preceding this application?
Yes No

Have you ever suffered from any mental health issues? Yes No
If yes, give details:

Have you ever engaged in alcohol, drugs or substance abuse? Yes No

Have you ever been detained/convicted or charged with domestic violence? Yes No
If yes, give details:

Section J

State your reason(s) for application:

Section K

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 L - To be completed by Primary Holder

Name:(Last Name, First Name, Middle Name)			TRN:
Mobile Number:	Home Number:	Work/Business Number:	Email Address (IN BLOCK CAPITALS)
Current Address of Residence:			
Name and Address of Present Business/Employer:			Occupation:

"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.

Licence Card No:	Licence Fee Certificate No.:	Date of Last Renewal:	Expiration Date of Licence Fee Cert.:
Firearm Make:	Firearm Model:	Firearm Type:	Firearm Calibre:
1.			
2.			
3.			

Have you ever been arrested/charged/convicted of an offence? YES NO

If yes, give details:

Have you ever suffered from any mental health issues? YES NO

If yes, give details:

Have you ever engaged in alcohol, drugs or substance abuse? YES NO

Have you ever been detained/convicted or charged with domestic violence?

If yes, give details:

(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.
- I authorize the above applicant to use the above-mentioned Firearm(s).

Declaration of Truth

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

Primary Holder's Signature: _____ Date: _____

Section M

For Official Use Only

Date of Interview:	Method of submission:
Fees paid:	Tax receipt number:
Name of Interviewing Officer:	Signature of Interviewing Officer: