

# FIREARM LICENSING AUTHORITY

## Application for Firearm User's Permit



**To Be Completed in BLOCK CAPITALS**

### Section A

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) <input type="checkbox"/> <input type="checkbox"/>			Tax Registration No.: (TRN)			
Date of Birth:	Age	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/>			
Place and Parish of Birth: (Hospital/Clinic/Home)				Nationality:		
Current Address of Residence:						
Mobile Number:		Home Number:		Work/Business Number:(Including Ext.)		
Name and Address of Current Business/Employer:						
Occupation:			Email Address: (MUST BE WRITTEN IN BLOCK CAPITALS)			
<b>NEXT OF KIN INFORMATION</b>						
Last Name:		First Name:		Middle Name:		Relationship to Applicant:
Email address: (BLOCK CAPITALS)				Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Home Telephone No.		Mobile Telephone No.			Work/Business No.	
<b>State the details of the firearm for which the Firearm User's Permit application is being made:</b>						
Firearm Make:		Firearm Model:	Firearm Type:	Firearm Calibre:	Firearm Serial Number:	
1.						
2.						
3.						
Have you ever applied for a Firearm Authorisation? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If Yes, what was the result?						
Has any Firearm Authorisation previously issued to you been revoked <input type="checkbox"/> , cancelled <input type="checkbox"/> , suspended <input type="checkbox"/> , surrendered <input type="checkbox"/> ? <input type="checkbox"/> YES <input type="checkbox"/> 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:

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Have you ever been deported from a foreign country? Yes  No

If yes, give details: \_\_\_\_\_

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

**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 B -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:	
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:	Firearm Serial No.:
1.				
2.				
3.				
<b>Have you ever been arrested/charged/convicted of an offence?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, give details:				
_____				
_____				
<b>Have you ever suffered from any mental health issues?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, give details:				
_____				
_____				

**"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.**

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:

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**(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: \_\_\_\_\_

**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: