

# APPLICATION FOR THE GRANT OR RENEWAL OF A FIREARM AND/OR SHOTGUN CERTIFICATE

**PLEASE READ THE NOTES THAT ACCOMPANY THIS FORM CAREFULLY BEFORE COMPLETING THE APPLICATION FORM**

Please use black ink and write in **BLOCK CAPITALS** throughout, except when signing. (Applicants must print their name, sign and date each page). If you wish to provide any further information to that mentioned in this form, you must also sign and date that information.

**For what are you applying?**

**1.** I am applying for (tick each box which applies)

Firearm certificate  Grant  Renewal

Shotgun certificate  Grant  Renewal

**PART A: Personal details.**

**2.** Title .....

**3.** Forename(s) .....

**4.** Surname .....

**5.** Date of birth .....

i) Place of birth.....

ii) Country of birth.....

**6.** Home address: .....

.....

.....

.....

i) Postcode .....

ii) Telephone number.....

iii) Mobile number.....

iv) E-mail.....

**7.** Work address: .....

.....

.....

.....

i) Postcode .....

ii) Telephone number.....

iii) E-mail address .....

**8.** Previous home address(es) from the past five years

If not applicable write N/A here.....  
(please use a new line for each address).

Address 1.....

.....

.....

Postcode .....

Dates of residence

From ..... To .....

Address 2.....

.....

.....

Postcode .....

Dates of residence

From ..... To .....

Address 3.....

.....

.....

Postcode .....

Dates of residence

From ..... To .....

**9.** If you have at any time used a name other than

that given in answer to questions 3 and 4 please

complete below:

Previous surname(s) .....

Previous forename(s) .....

Please print, sign and date here:

Applicant's name: .....

Applicant's signature: ..... Date: .....

10. Height: ..... Metres ..... Centimetres

or

..... Feet ..... Inches

11. Gender:  Male  Female

12. Personal health & medical declaration. **IMPORTANT:** Please read notes 5 and 6 **BEFORE** completion.

(A) Do you suffer from any relevant medical conditions? Yes  No  (If yes give details):

.....  
.....  
.....

(B) Have you ever received treatment for depression or any other kind of mental health condition? Yes  No  (If yes give details)

.....  
.....  
.....

13. Details of your general practitioner (GP)/specialist

i) Name of your GP/specialist

ii) Address of the GP practice/medical centre

.....  
.....  
.....

Postcode .....

iii) Telephone number of the GP practice/medical centre

iv) E-mail address of the GP practice/medical centre

.....

14. Offences. **IMPORTANT: Please read note 1 BEFORE completion.**

Have you been convicted of any offence or received a written caution (not including parking)?

Yes  No

(If yes give details of all convictions and/or formal written cautions, binding overs and spent convictions, including those received outside Great Britain).

Date	Offence
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

**PART B: Medical declaration and consent.**

The information I have given above is true and I understand that it is an offence under section 28A(7) of the Firearms Act 1968 to knowingly or recklessly make a false statement for the purposes of procuring the grant or renewal of a certificate; the maximum penalty for which is six months imprisonment and/or a fine.

I give the police permission to contact my general practitioner and/or specialist to obtain factual details of any medical history in respect of this application. This authority is valid for the life of the certificate.

I understand that my GP may share sensitive personal data with the police concerning my physical and mental health for the purpose of enabling the police to make a fully informed decision on my application, and I hereby consent to this processing of my personal data."

Signature: .....

Print name: .....

Date: .....

Please print, sign and date here:

Applicant's name: .....

Applicant's signature: ..... Date: .....



**17.** Details of the maximum amount of ammunition to be possessed

Calibre Metric/ Imperial	Quantity	Calibre Metric/ Imperial	Quantity	Calibre Metric/ Imperial	Quantity

**18. i)** Details of current (or in the case of a grant, proposed) security arrangements. NB: it is not necessary to have all of the below.

Tick all that are relevant:

- British standard cabinet or equivalent
- Cabinet bolted to the fabric of the building
- Storage out of sight of casual visitors
- Stored at other address(es) (give details)

.....  
 .....

- Shared security (give details of whom the security is shared with)

.....  
 .....

- Ammunition storage (give details)

.....  
 .....

ii) Give details of any other relevant security arrangements below e.g. gun room, address of alternate security location etc

.....

Please print, sign and date here:	
Applicant's name: .....	
Applicant's signature: .....	Date: .....



**21.** Would you like your shotgun certificate to expire at the same time as your firearm certificate?

Yes  No

If yes, give details of your current firearm certificate if applicable. See note 7.

Police force issuing your firearm certificate:

.....

Firearm certificate number:

.....

Signature: .....

Print name: .....

Date: .....

archived

Please print, sign and date here:		
Applicant's name: .....		
Applicant's signature: .....	Date: .....	



**DECLARATION**

I hereby apply for a

firearm  shotgun

certificate (tick as appropriate). The information I have provided on this form is true and I understand that it is an offence under section 28A(7) of the Firearms Act to knowingly or recklessly make a false statement for the purpose of procuring the grant or renewal of a certificate; the maximum penalty for which is six months' imprisonment and/or a fine. I understand that I will be subject to a check of police records and that my details will be held electronically.

Signature: .....

Print name: .....

Date: .....

I have enclosed FOUR identical photographs of a current likeness of me, the applicant. See note 2 and 3 for details of the photographic requirements.

If the applicant is under 18 years of age the following must be completed

Parent  or Guardian

Signature: .....

Print name: .....

Date: .....

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**APPLICATION FOR THE GRANT OR RENEWAL OF A FIREARM AND/OR SHOTGUN CERTIFICATE**

**PART F: (i) Referee details. Please write in BLOCK CAPITALS**

**Firearm and/or shotgun certificates.  
See notes 10 and 11**

**1.** Title ..... **2.** Surname ..... **3.** Forename(s) .....

**4.** Date of birth ..... **5.** Occupation .....

**6.** Home address .....

Postcode ..... **7.** Home telephone number .....

i) Work telephone number ..... ii) Mobile number .....

iii) Home e-mail ..... iv) Work e-mail .....

**8.** In what capacity do you know the applicant?  
.....  
.....

**9.** I have seen the details given by  
.....  
.....

(insert full name of applicant) which are true to the best of my knowledge. I have known the applicant for ..... years and know of no reason why she/he should not be granted or have renewed a **shotgun or firearm** certificate as applicable. I have signed and dated the reverse of one of the photographs submitted with the application and declare that it is a current true likeness. I also understand it is an offence under section 28A(7) of the Firearms Act to knowingly or recklessly make a false declaration for the purpose of procuring for another the grant or renewal of a certificate.

Signature of referee:  
.....

Print name: .....

Date: .....

Please print, sign and date here:  
Applicant's name: .....  
Applicant's signature: ..... Date: .....

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**PART F: (ii) Referee details. Please write in BLOCK CAPITALS**

Referee (ii) is **ONLY** required for a firearm certificate. See note 10.

1. Title ..... 2. Surname ..... 3. Forename(s) .....

4. Date of birth ..... 5. Occupation .....

6. Home address .....

Postcode ..... 7. Home telephone number .....

i) Work telephone number ..... ii) Mobile number .....

iii) Home e-mail ..... iv) Work e-mail .....

8. In what capacity do you know the applicant?

.....

9. I have seen the details given by

.....

(insert full name of applicant) which are true to the best of my knowledge. I have known the applicant for ..... years and know of no reason why she/he should not be granted or renewed a **firearm** certificate as applicable. I have signed and dated the reverse of one of the photographs submitted with the application and declare that it is a current true likeness. I also understand it is an offence under section 28A(7) of the Firearms Act to knowingly or recklessly make a false declaration for the purpose of procuring for another the grant or renewal of a certificate.

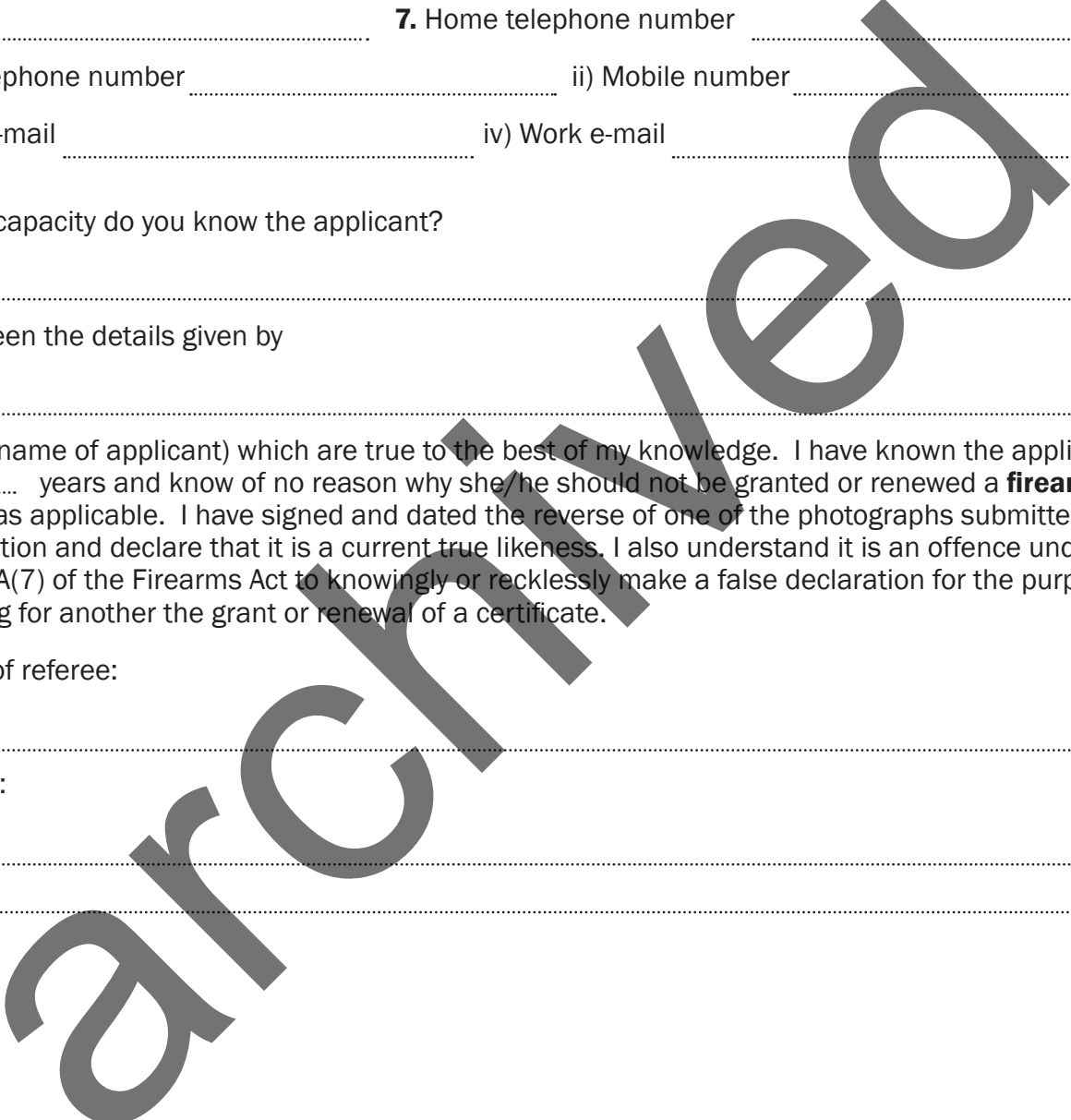
Signature of referee:

.....

Print name:

.....

Date:



Please print, sign and date here:  
Applicant's name: .....  
Applicant's signature: ..... Date: .....

**PART G: Equality (Please tick the appropriate boxes)**

**EQUALITY INFORMATION**

**1. Do you have a disability?**

Yes  No   
 Prefer not to say

**2. What is your ethnic group?**

**A. White**

- English
- Welsh
- Scottish
- Northern Irish
- British
- Irish
- Gypsy or Irish Traveller

Any other white background, write in:

.....

**B. Mixed / multiple ethnic groups**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed / multiple ethnic background, write in:

**C. Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Chinese

Any other Asian background, write in:

.....

**D. Black / African / Caribbean / Black British**

- African
- Caribbean
- Any other Black / African / Caribbean background, write in:

**E. Other ethnic group**

- Arab

Any other ethnic group, write in

.....

**F. Prefer not to say**

**3. Gender**  male  female

Prefer not to say

**4. What is your age group?**

Age group	Tick
66 and above	<input type="checkbox"/>
61-65	<input type="checkbox"/>
56-60	<input type="checkbox"/>
51-55	<input type="checkbox"/>
46-50	<input type="checkbox"/>
41-45	<input type="checkbox"/>
36-40	<input type="checkbox"/>
31-35	<input type="checkbox"/>
26-30	<input type="checkbox"/>
21-25	<input type="checkbox"/>
18-25	<input type="checkbox"/>
Under 18	<input type="checkbox"/>

Prefer not to say