

# Firearms dealers: Application for registration or for new Certificate of Registration

You may type your responses except where your signature is required. Otherwise, you must use black ink and write in **BLOCK CAPITALS** throughout, except when signing.

**Note: Part A** must be completed where an application is made by a person wishing to be registered as a firearms dealer. **Parts B** and **C** must be completed where an application is made on behalf of a company. In all cases **Parts D to G** must be completed. Your personal data will be processed by the police force to which you apply in line with Part 3 of the Data Protection Act 2018 and as set out in the force's Privacy Information Notice.

## PART A Personal details

1. Title (e.g. Mr, Mrs, Ms)	<input type="text"/>		
2. Surname	<input type="text"/>		
3. Forename(s)	<input type="text"/>		
4. If you have at any time used a name other than those quoted at 2 and 3 above, please give details (including in the case of a married woman, surname before marriage)	<input type="text"/>		
5. Date of birth	<input type="text"/>		
6. Place of birth	<input type="text"/>		
7. Nationality	<input type="text"/>		
8. Occupation	<input type="text"/>		
9. Current home address	<input type="text"/>		
Post code	<input type="text"/>	Telephone number	<input type="text"/>
10. Mobile number	<input type="text"/>		
11. Email address	<input type="text"/>		
12. Permanent home address	<input type="text"/>		
Post code	<input type="text"/>	Telephone number	<input type="text"/>
13. If you have lived elsewhere other than at the addresses quoted at 9 and 12 above during the last 5 years please give details	<input type="text"/>		
Post code	<input type="text"/>	Telephone number	<input type="text"/>

**PART A Personal details (continued)**

14. Have you previously been registered as a firearms dealer in Great Britain?

Yes

No

If **yes**, state police force area

Name under which you were registered

Period of registration

From

To

15. Have you ever had an application for the grant or renewal of a firearm or shotgun certificate refused or a certificate revoked?

Yes

No

If **yes**, give details

16. Have you ever had an application for registration as a firearms dealer refused, or been removed from a police register of dealers?

Yes

No

If **yes**, give details

17. Have you ever been convicted of any offence?

Yes

No

If **yes**, give details**(Note:** You are not entitled to withhold information about any offence. This includes convictions in places outside Great Britain.)**PART B Company details**

18. Full name of company

19. Registered number of company

20. Has the company ever traded under a different name?

Yes

No

If **yes**, state full name of such company

21. Has the company been registered as a firearms dealer in another police force area, under this or any other name?

Yes

No

If **yes**, state police force and certificate of registration number

**PART B Company details (continued)**

22. Principal nature of the business with which the company is concerned

23. Names of the officers of the company (including Chairperson, Secretary, Directors, Treasurer etc.)

24. Do any of the above named officers hold a firearms dealer's certificate of registration?  Yes  No

If **yes**, state full name of such officers

25. Is any officer of the company also an officer of another company which holds a firearms dealer's certificate?  Yes  No

If **yes**, state details

26. Has the company trading under this or any other name, ever been removed from a police register of firearms dealers?  Yes  No

If **yes**, state details

27. Has a court ever ordered any of the officers of the company not to be registered as a firearms dealer?  Yes  No

If **yes**, state details

28. Has a court ever ordered the company not to be registered as a firearms dealer?  Yes  No

If **yes**, state details

29. Has the company been convicted of any offence?  Yes  No

If **yes**, state details

**PART C Officer making an application on behalf of a company**

30. Title (e.g. Mr, Mrs, Ms)	<input type="text"/>
31. Full name	<input type="text"/>
32. Date of birth	<input type="text"/>
33. Position held in company	<input type="text"/>
34. Length of time in position stated in question 33	<input type="text"/>

**PART D Place of business**

## 35 Details of places of business

	Name and address of business	Nature of business e.g. manufacturing, wholesale, retail, full or part time	Nature of other business conducted at this address
a)	<input type="text"/>  Telephone No. <input type="text"/>	<input type="text"/>	<input type="text"/>
b)	<input type="text"/>  Telephone No. <input type="text"/>	<input type="text"/>	<input type="text"/>
c)	<input type="text"/>  Telephone No. <input type="text"/>	<input type="text"/>	<input type="text"/>

36. If this is an initial application, please give details of previous experience of handling firearms	<input type="text"/>
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37. Proposals for ensuring the safe custody of firearms and/or ammunition if the application is granted	<input type="text"/>
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## PART E Details of servants

**Important: Read Notes 1 to 3 before completion.** Enter in the table below details of all servants who, by virtue of section 8 of the Firearms Act 1968, are or will be authorised to possess, purchase or acquire firearms and ammunition in the ordinary course of your business. If necessary, continue on a separate sheet.

Surname (including any former names)	Forename(s)	Date of birth	Address	Firearm or shotgun certificate details (if applicable – including certificate number and issuing police force)

## PART F Personal health and medical declaration

If necessary, continue on a separate sheet

**Important: Read notes 4 to 15 before completion.**

**A medical declaration is not required if the person making the application holds a valid firearm and/or shotgun certificate and their medical circumstances have not changed during the validity of the certificate. Where this is the case, please only provide details of the certificate(s) below.**

Certificate number	Date of issue	Issuing police force

38. Have you ever been diagnosed with or treated for any of the medical conditions in note 6?  Yes  No

If **yes**, state details

39. Details of your GP or GP practice

Name of GP and/or practice

Address

Post code

Telephone number

Email address

40. Details of all previous GP practices during the past 10 years (see note 15).

Continue on a separate sheet if necessary.

Name of GP and/or practice

Address

Post code

Telephone number

Email address

41. Are there any periods in the past 10 years when you have not been registered with a UK GP or have consulted medical practitioners other than at your GP practice?  Yes (please provide details)  No

**Duty of confidentiality** I will arrange for a suitably qualified GMC-registered doctor\* to provide factual information to the police about any relevant medical conditions related to my suitability to possess a firearm or shotgun. I understand that the doctor may share my medical records with the police to enable them to make a fully informed decision on my application, or on my continued suitability to possess a firearm or shotgun while the certificate remains valid, and I consent to this sharing of my medical records for confidentiality purposes. I understand that I am expected to inform the police if I am diagnosed with, or treated for, a medical condition listed in note 6 while the certificate remains valid.

\*A doctor with a full, specialist or GP (rather than provisional) GMC registration and a licence to practise.

Applicant's name (BLOCK CAPITALS)

Signature

Date

**Note on Data Protection** Personal data (including sensitive personal data) will be processed on a public interest basis, for the purpose of allowing the police to assess the suitability of an applicant to be granted a firearm or shotgun certificate, or to assess the applicant's continued suitability to possess a firearm or shotgun while the certificate remains valid.

## PART G Application and declaration

42. I hereby:  apply  
 submit this application on behalf of the company named in Part B above
- to the chief officer of police for:  registration as a firearms dealer  
 a new certificate of registration

**Note: It is an offence** for any person to knowingly or recklessly make a statement false in any material particular for the purpose of procuring either for himself or for another person registration as a firearms dealer or the entry of any place of business on a register of firearms dealers.

I declare that the above statements are true.

Usual signature of applicant

Date

## Notes

**Please read these BEFORE completing the form**

### Servants

1. The exemption in section 8(1) of the Firearms Act 1968 covers the possession, purchase and acquisition of firearms and ammunition in the ordinary course of a registered firearms dealer's business. It extends to registered firearms dealers and their servants.
2. There is no legal definition of a 'servant', but it should be noted that a letter of authority does not automatically make someone a 'servant' for these purposes. An employee of the dealer working for a firearms-related business would be a 'servant', but it is not the case that anyone whose services the dealer uses on any occasion will necessarily be a servant e.g. a self-employed outworker (such as an engraver). In these circumstances the outworker would be required to register as a firearms dealer.
3. The possession, purchase and acquisition of the firearms and ammunition by a servant may only be for the ordinary course of the business of the dealer as directed by the dealer.

### Medical information

4. Where an application is made on behalf of a company (Part C) the officer making the application should either have day to day responsibility for, or direct oversight of, the firearms held by that company.
5. If you do not hold a valid firearm or shotgun certificate, or if you do, but your medical circumstances have changed, you must disclose any relevant physical or mental health conditions that you have been diagnosed with or treated for in the past as this may affect your ability to safely possess firearms, shotguns or air weapons. Relevant medical conditions which must be disclosed are listed in note 6. Section 34 of the Firearms Act 1968 (as amended) specifies that in order to register a person as a firearms dealer, the chief officer of police must be satisfied that an applicant can be permitted to carry on business as a firearms dealer "without danger to the public safety or to the peace". Medical fitness is one of the factors police must consider when assessing this.
6. Relevant medical conditions which must be disclosed are:
  - Acute Stress Reaction or an acute reaction to the stress caused by a trauma including post-traumatic stress disorder
  - Suicidal thoughts or self-harm or harm to others
  - Depression or anxiety
  - Dementia
  - Mania, bipolar disorder or a psychotic illness

- A personality disorder
  - A neurological condition: for example, Multiple Sclerosis, Parkinson’s or Huntington’s diseases, or epilepsy
  - Alcohol or drug abuse
  - Any other mental or physical condition, or combination of conditions, which you think may be relevant.
7. It is your responsibility to arrange for a suitably qualified GMC-registered doctor\* (including where a doctor is providing this service for a private company) to provide medical information to the police concerning your suitability to possess a firearm and/or shotgun. Please use the doctor’s letter and medical information proforma which is part of this document, detach and pass to the doctor for completion. You are expected to meet the cost if a fee is charged for this. When the medical information is being provided to the police by a doctor from a private company, the doctor must receive the applicant’s medical information direct from the GP practice and not via the applicant.
  8. With regards to data protection, it should be noted that the medical information will be processed on a public interest basis for the legitimate policing purpose of assessing the suitability of someone to be granted a firearm or shotgun certificate.
  9. Medical practitioners have separately requested that an applicant's consent is provided in order for medical practitioners to be satisfied that they have discharged their obligations under their duty of confidentiality in relation to their patients. The application form requests the applicant's consent for the release of the information for that reason.
  10. Where the doctor indicates that there are relevant medical issues and police require further medical information to consider the application, you should obtain a report about these medical issues. You are expected to meet the cost of a fee if it is charged. Following this, if police require an additional report to be provided they will meet the cost of the fee charged.
  11. The police will ask your GP to place an encoded reminder on your patient record to indicate that you have been registered as a firearms dealer. The GP is asked to notify the police if, following your registration as a firearms dealer, you are diagnosed with or treated for a relevant medical condition (listed in note 6), or if the GP has other concerns about your safe possession of firearms, shotguns or air weapons. Following contact from your GP there may be a need for a medical report to be obtained to assist with assessment of your continued suitability to possess firearms, shotguns or air weapons. The police will pay if a medical report is required.
  12. Following your registration as a firearms dealer please note that the declaration you have signed consenting to information sharing between your doctor and police applies during the application process and during the validity of your registration.
  13. You are expected to inform the police if, following registration as a dealer, you are diagnosed with or treated for a relevant medical condition while your registration as a firearms dealer remains valid.
  14. You should inform the police if you change your GP practice and provide contact details for the new practice.
  15. You are asked to provide details of GP practices over the past 10 years and whether you have consulted medical practitioners other than at your GP practice so that all relevant information is available to police to assist with their assessment of suitability to possess firearms, shotguns or air weapons.

\*A doctor with a full, specialist or GP (rather than provisional) GMC registration and a licence to practise.

For official use only			
Fee paid £	<input type="text"/>	Rank / Number	<input type="text"/>
Receipt Number	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>		
Station	<input type="text"/>		



This page is left blank to allow the doctor's letter and medical information proforma to be detached from the rest of the application.

Doctor's Name: \_\_\_\_\_  
Address \_\_\_\_\_  
Post Code: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Dear Doctor,

I am applying for a firearm certificate/shotgun certificate/to be registered as a firearms dealer.

### **Firearms applications and medical fitness**

The police assess firearms applications and require all applicants to provide factual information from a doctor confirming whether they have ever been diagnosed with or treated for any of the following conditions, which can have a bearing on whether a person is suitable to be granted a firearm certificate:

- Acute Stress Reaction or an acute reaction to the stress caused by a trauma, including post-traumatic stress disorder
- Suicidal thoughts or self-harm or harm to others
- Depression or anxiety
- Dementia
- Mania, bipolar disorder or a psychotic illness, or a personality disorder
- A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy
- Alcohol or drug abuse
- Any other mental or physical condition, or combination of conditions, which you think may be relevant.

Please note that the police are not seeking your opinion on my suitability to hold a firearm certificate, as the responsibility for this decision lies with the police. They require only a factual response, from a suitably qualified GMC-registered doctor based on my medical record.

\*A doctor with a full, specialist or GP (rather than provisional) GMC registration and a licence to practise.

### **Information requested from a GMC-registered doctor**

If there is a history of any of the relevant medical conditions listed, please can the response include the following:

1. Name of medical condition
2. Duration of medical condition
3. Medication prescribed

Please note that only information about any relevant medical condition(s) should be provided. A print out of my medical history is therefore not acceptable for this purpose.

### **Doctors' fees**

Should a fee be payable, please forward an invoice to my home address. I understand that the information will not be provided until the fee, if any, has been paid.

### **How to respond**

Your response should be sent to the local police firearms licensing department by secured NHS email, or sent by post. Alternatively, please contact me so that I can collect it. If the response is given to me to supply to the police they may contact you to confirm the details.

When the medical information is being provided to the police by a doctor from a private company, the doctor must receive the applicant's medical information direct from the GP practice and not via the applicant.

Once the police have considered your response, they may wish to see a medical report about any relevant medical conditions I have experienced so that they can give further consideration to my application. I will be liable for the medical fees to provide a report.

### **Firearms marker**

Please put a 'firearm application made' flag on the patient record. If I am granted a firearm certificate the police will contact you to ask you to place a 'firearm certificate held' flag on my patient record. This is so that the police can be alerted if I begin to experience any of the relevant medical conditions listed while the firearm certificate remains valid. The police will then review my suitability to continue as a firearm certificate holder.

### **Further information**

If you need any further information, please telephone or email the local police firearms licensing department.

Thank you for your assistance.

Yours sincerely,

\_\_\_\_\_ Applicant signature

### **CONSENT**

I understand that a doctor may share sensitive personal data with the police concerning my physical and mental health to enable the police to make a decision on my application, or on my continued suitability to possess a firearm certificate/be registered as a firearms dealer, and I hereby consent to this processing of my personal data.

I understand that the police will process the medical information supplied on a public interest basis for the legitimate policing purpose of assessing the suitability of someone to be granted a firearm or shotgun certificate.

I understand that medical practitioners have requested that my consent is provided in respect of their duty of confidentiality to allow doctors to provide information to the police, who will then process the data as described above.

I understand the police may contact my doctor or medical specialist to obtain factual details of any medical history in relation to my suitability to possess a firearm or shotgun. This applies for the life of the certificate.

## Firearms Licensing

### Medical Information Proforma

This form must not be amended after completion by the doctor. The Firearms Act 1968 specifies that it is an offence to knowingly or recklessly make a false statement for the purpose of procuring the grant or renewal of a certificate, with a maximum penalty of six months imprisonment and/or a fine.

\*A doctor with a full, specialist or GP (rather than provisional) GMC registration and a licence to practise.

#### PATIENT DETAILS

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_

#### MEDICAL INFORMATION: To be completed by doctor\*

\*A doctor with a full, specialist or GP (rather than provisional) GMC registration and a licence to practise.

Please check the patient's medical record for any history of the following and tick those that apply. Where any apply, please add further details overleaf which can be limited to a statement of fact and not an opinion.

Have you had access to the patient's full medical record to complete this report? Yes  No

Is the medical record continuous? Yes  No

Have you placed a 'firearm application made' flag on the patient record? Yes  No

DATE RECORDS BEGIN: \_\_\_\_\_ DATE OF LAST CONSULTATION: \_\_\_\_\_

Acute Stress Reaction or an acute reaction to the stress caused by a trauma, including post-traumatic stress disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>	A personality disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
Suicidal thoughts or self-harm or harm to others	Yes <input type="checkbox"/> No <input type="checkbox"/>	A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Depression or anxiety	Yes <input type="checkbox"/> No <input type="checkbox"/>	Alcohol or drug abuse	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dementia	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any other mental or physical condition, or combination of conditions, which may affect the safe possession of firearms or shotguns.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mania, bipolar disorder or a psychotic illness	Yes <input type="checkbox"/> No <input type="checkbox"/>		

PLEASE SIGN OVERLEAF. PLEASE PROVIDE FURTHER INFORMATION IF YOU HAVE TICKED YES TO ANY OF THE ABOVE QUESTIONS.

**CONFIDENTIAL – MEDICAL (when complete)**

Patient Name:

Date of birth:

What is the medical condition or medical conditions?

How long has the patient been treated for this condition?

Is the patient still being treated for this?

Details of medication prescribed

Have there been any previous episodes of this?

What is the patient's current condition?

Do you have any other information you believe may be relevant to the police in determining whether the patient is safe to possess firearms?

Name of doctor: \_\_\_\_\_

Practice stamp:

Signature of doctor \_\_\_\_\_

GMC Number: \_\_\_\_\_

Date: \_\_\_\_\_

