



## APPLICATION FOR FIREARM LICENCE

### 1. PARTICULARS OF APPLICANT

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

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

Occupation: \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

### 2. PARTICULARS OF FIREAM TO BE LICENCED

Rifle/Pistol/Shotgun/Others \_\_\_\_\_

Make and Caliber \_\_\_\_\_

Serial No. And Mark \_\_\_\_\_

### 3. TYPE OF LICENCE BEING APPLIED FOR

- |                                |                          |
|--------------------------------|--------------------------|
| (a) Special Protection Licence | (d) Sport Hunter Licence |
| (b) Gun Dealers Licence        | (e) Farmer Gun Licence   |
| (c) Gun Repair Licence         |                          |

4. FIREARM TO BE BOUGHT/IMPORTED FROM: \_\_\_\_\_

### 5. LIST ALL FIREARMS PREVIOUSLY LICENCED

Type \_\_\_\_\_ Type \_\_\_\_\_ Type \_\_\_\_\_

Make \_\_\_\_\_ Make \_\_\_\_\_ Make \_\_\_\_\_

Caliber \_\_\_\_\_ Caliber \_\_\_\_\_ Caliber \_\_\_\_\_

Licence No. \_\_\_\_\_ Licence No. \_\_\_\_\_ Licence No. \_\_\_\_\_

Place Issued \_\_\_\_\_ Place Issued \_\_\_\_\_ Place Issued \_\_\_\_\_

Category \_\_\_\_\_ Category \_\_\_\_\_ Category \_\_\_\_\_

6. DO YOU HAVE ANY EXPERIENCE HANDLING FIREARMS? LIST EXPERIENCE IF ANY \_\_\_\_\_

7. WHAT TYPE OF SECURITY DO YOU HAVE FOR STORAGE OF YOUR FIREARM \_\_\_\_\_

8. DECLARATION

I hereby declare that the particulars stated above are full and true statement to the best of my knowledge.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\* 1) Recommendation from  
Gun Club President

\_\_\_\_\_  
\_\_\_\_\_

2) Certification in Gun  
Handling Course

\_\_\_\_\_  
\_\_\_\_\_

3) Certification by Firearm  
Examiner

\_\_\_\_\_  
\_\_\_\_\_

4) Recommendation of  
Officer in Charge

\_\_\_\_\_  
\_\_\_\_\_

5) Order of Licensing Authority

\_\_\_\_\_  
\_\_\_\_\_

*\* To be completed if applicable*

*N.B. False Statement given, may lead to disapproval of Licence*

*Company includes a firm, a statutory body, and any body of persons corporate or incorporate*