

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

Please complete this form in **BLOCK CAPITALS** except when signing.

Note

Part A must be completed where an application is made by an individual 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 **Part D and E** must be completed.

Part A Personal details

| | | | |
|---|--------------------------------|-----------------------------|----------------------|
| 1 Title (eg 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 Permanent home address (if different from 9) | <input type="text"/> | | |
| | Post Code <input type="text"/> | Telephone Number | <input type="text"/> |
| 11 If you have lived elsewhere than at the address quoted at 9 and 10 above during the last five years please give details | <input type="text"/> | | |
| | Post Code <input type="text"/> | Telephone Number | <input type="text"/> |
| 12 Have you previously been registered as a firearms dealer in Great Britain? | yes <input type="checkbox"/> | no <input type="checkbox"/> | |
| If yes state police force area | <input type="text"/> | | |
| Name under which you were registered | <input type="text"/> | | |
| | from <input type="text"/> | to <input type="text"/> | |
| Period of registration | <input type="text"/> | | |

Part A Continued

13 Have you ever had an application for the grant or renewal of a firearm or shot gun certificate refused or a certificate revoked?

yes no

If yes give details

14 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

15 Have you 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

16 Full name of company

17 Registered number of company

18 Has the company ever traded under a different name?

yes no

If yes, state full name of such company

19 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

20 Principal nature of the business with which the company is concerned

21 Names of the officers of the company (including Chairperson, Secretary, Directors etc)

22 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

Part B Continued

23 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

24 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

25 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

26 Has a court ever ordered the company not to be registered as a firearms dealer?

yes no

If yes, state details

27 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

28 Title
(eg Mr, Mrs, Ms)

29 Full name and home address

30 Date of birth

31 Position held in company

32 Length of time in position stated in question 31?

Part D Places of business

33 Details of places of business

| | Name and address of business | Nature of business: eg manufacturing, wholesale, retail, full or part time | Nature of any other business conducted at this address |
|----|------------------------------|--|---|
| a) | Telephone No. | | |
| b) | Telephone No. | | |
| c) | Telephone No. | | |

34 If this is an initial application, please give details of previous experience of handling firearms

35 Proposals for ensuring the safe custody of firearms and/or ammunition if the application is granted

Part E Application and declaration

36 I hereby apply to the chief officer of police'/

** delete as appropriate*

I hereby submit this application on behalf of the company named in Part B above'

a) for registration as a firearms dealer b) for 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 |

Data Protection Act 1984

Personal data supplied may be held or verified by computer.

For official use only

Fee paid £

Signature

Receipt No.

Rank/No.

Date

Station