

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 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** and **E** must be completed.

Part A Personal details

| | | | |
|--|--|---|---|
| 1 Title (e.g. Mr, Mrs, Ms) | <input style="width: 90%;" type="text"/> | 2 Surname | <input style="width: 90%;" type="text"/> |
| 3 Forename(s) | <input style="width: 95%;" 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 style="width: 95%; height: 20px;" type="text"/> | | |
| 5 Date of birth | <input style="width: 40%;" type="text"/> | 6 Place of birth | <input style="width: 40%;" type="text"/> |
| 7 Nationality | <input style="width: 95%;" type="text"/> | | |
| 8 Occupation | <input style="width: 95%;" type="text"/> | | |
| 9 Current home address | <input style="width: 95%; height: 30px;" type="text"/> | | |
| | Post Code | <input style="width: 40%;" type="text"/> | Telephone number <input style="width: 40%;" type="text"/> |
| 10 Permanent home address (if different from 9) | <input style="width: 95%; height: 30px;" type="text"/> | | |
| | Post Code | <input style="width: 40%;" type="text"/> | Telephone number <input style="width: 40%;" type="text"/> |
| 11 If you have lived elsewhere than at the addresses quoted at 9 and 10 above during the last five years please give details | <input style="width: 95%; height: 30px;" type="text"/> | | |
| | Post Code | <input style="width: 40%;" type="text"/> | Telephone number <input style="width: 40%;" 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 style="width: 95%;" type="text"/> | | |
| Name under which you were registered | <input style="width: 95%;" type="text"/> | | |
| Period of registration | from <input style="width: 40%;" type="text"/> | to <input style="width: 40%;" 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 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

- 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, Treasurer 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 traded 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 (e.g. Mr, Mrs, Ms.)

29 Full name

30 Date of birth

31 Position held in company

32 Length of time in position stated in question 31?

Part D Place of business

33 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) | Telephone No. <input style="width: 150px;" type="text"/> | | |
| b) | Telephone No. <input style="width: 150px;" type="text"/> | | |
| c) | Telephone No. <input style="width: 150px;" type="text"/> | | |

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 make any statement which he knows to be false 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

For official use only

Fee Paid £

Signature

Receipt Number

Rank / Number

Date

Station