

**Application for an Exemption under Section 11(6)
of the Firearms Act 1968**

Full name of organiser:

Address of organiser:

Date of birth of organiser:

Telephone number(s) of organiser:

Fax/E-Mail address, if any:

Name (if any) of event or organisation:

Time(s) of Event(s):

Date(s) of Events(s):

Address of event (or details of land over which it is intended to shoot):

.....

Landowner's name:

Maximum number of persons likely to attend the event(s):

.....

Declaration:

I accept responsibility for the safe conduct of the shooting event(s) and will comply with the recommended guidelines.

I understand the information I have supplied has been given voluntarily

Signature:

Print Name:

Date:

*Firearms & Explosives Licensing Unit
Staffordshire & West Midlands Police
Weston Road
Stafford
Staffordshire
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