



RESTRICTED

APPLICATION FOR A PERMIT TO REMOVE:

A FIREARM TO OR FROM A SHIP*, or SIGNALLING APPARATUS TO OR FROM AN AIRCRAFT OR AERODROME*

**Please delete one*

Please use **BLOCK LETTERS**

About you

Surname	<input type="text"/>	Home Address	<input type="text"/>
Forenames	<input type="text"/>		<input type="text"/>
	<input type="text"/>		Postcode
Date of Birth	<input type="text"/>	Occupation	<input type="text"/>

Have you ever been found guilty or convicted of any offence?
Please state Yes or No

If Yes,
please give
details

Details of firearm/signalling apparatus you wish to remove

Type	<input type="text"/>	Calibre	<input type="text"/>
Maker's Name	<input type="text"/>	Identification No <i>(or other distinguishing mark)</i>	<input type="text"/>

Please state period for which approval is required

From:	<input type="text"/>	To:	<input type="text"/>
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