



NOT PROTECTIVELY MARKED

Dealer's No.

FD

Application for the Grant or Variation of a Firearms Dealer's Certificate or to add an additional place of business

- Please read carefully and complete in CAPITAL letters.
- It is an offence to make a statement knowing it to be false.

Personal details

1. Title Mr Mrs Miss Ms Other
 (please indicate)

2. Full name

3. Maiden name (if applicable)

4. Home address

 Postcode

5. Previous addresses during the last 10 years

1.

2.

3.

6. Date of birth 7. Place of birth

8. Nationality 9. Occupation

10. Trading Name

11. Main Business Address

 Postcode

Additional Business Address (if required)

 Postcode

12. Telephone No. Mobile:

13. Fax No. E-mail:

Please give details of your current General Practitioner.

GP's Name & Address inc Postcode

I give my consent for the police to approach my GP, consultant or other medical authority to obtain factual details of my medical history if necessary.

Usual Signature:
Date:

- 17. Give full details of storage arrangements for firearms and ammunition at each of the addresses listed at Q11.

[Dotted lines for text entry]

- 18. Give full details of internal and external alarm systems at each address.

[Dotted lines for text entry]

- 19. Give full details of any other security measures provided at each address.

[Dotted lines for text entry]

- 20. What category of dealership are you applying for?

As per the Ministerial Directive made under Article 27(4) of the Firearms (NI) Order 2004, the Chief Constable will determine the level of security for each category of dealer with which you must comply.

TO BE COMPLETED BY ALL APPLICANTS

I apply for a Firearms Dealer's Certificate and declare that the information given above is correct.

Signature

Date

*Delete as appropriate
PB 2/15