



NOT PROTECTIVELY MARKED

APPLICATION FOR A EUROPEAN FIREARMS PASS

Articles 19 to 21 of the Firearms (NI) Order 2004

Name: _____

Address: _____

DOB: _____

Place of Birth: _____

Nationality: _____

FAC No: _____

Daytime Telephone No: _____

I, the above named, wish to be issued with a European Firearms Pass in respect of:

Type or Class of Firearm _____

Make and Model _____

Calibre or Gauge _____

Serial No _____

Type or Class of Firearm _____

Make and Model _____

Calibre or Gauge _____

Serial No _____

(Details of any further weapons you wish to include should be listed overleaf.)

NOTE: There is no fee for this transaction. However, you must supply 1 (one) passport sized photograph and forward it to Firearms and Explosives, PSNI Lisnasharragh, 42 Montgomery Road, Belfast BT6 9LD

Signature: _____ Date: _____

Type or Class of Firearm _____

Make and Model _____

Calibre or Gauge _____

Serial No _____

Type or Class of Firearm _____

Make and Model _____

Calibre or Gauge _____

Serial No _____

Type or Class of Firearm _____

Make and Model _____

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Serial No _____