Keeping People Safe

RESTRICTED

APPLICATION TO HOLD AN OCCASIONAL CLAY PIGEON SHOOT

The Firearms (Northern Ireland) Order 2004 (Schedule 1 Para 11(2))

(Please complete in Block Capitals using black ink)

Full name of organiser or responsible person	
Address of organiser or responsible person	Postcode
Telephone No.	
Mobile No.	
Name of event or organisation (if any)	
Full location of event (Please provide a separate application for each location)	
Date(s) of event	
Time(s) of event	

I will accept full responsibility for the safe conduct of the event and will comply with the recommended guidelines and any directions imposed by the Chief Constable or a person acting on his/her behalf.

Signature _____ Date _____

Please print full name _____

Please send completed form not later than 6 weeks before the event to:

Police Service of Northern Ireland
Room 46, Lisnasharragh, 42 Montgomery Road, Belfast BT6 9LD

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