

## **NOT PROTECTIVELY MARKED**

## APPLICATION FOR AN OCCASIONAL PERMIT

(Art. 35 of the Firearms (NI) Order 2004)

	FD No. ()
This form is for an occasional permit to deal in firearms and ammunition at a place away fr must be completed at least 14 days before the permit is required. Please complete in BLO	
Name:	
Trading as:	
Home/Business	
Address:	
Expiry Date of Dealer's Certificate:	
Name of Event:	
I seek authorisation to deal in arms and ammunition at: (location)	On the following dates:
All firearms and ammunition in which you wish to deal must be	listed overleaf.
Indicate the security arrangements for the firearms and ammunition during temporary place of business.	conveyance to and from the
Indicate the security arrangements for the storage of the firearms and amr business.	nunition at the temporary place of
Signature: Date:	

When fully completed please send this form to:

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

## NOT PROTECTIVELY MARKED Please list in full all firearms in which you wish to deal, indicating Make, Type, Calibre and Serial No.

Ammunition should be listed by calibre and amount.	