



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:

14. Nature of firearms business being/to be\* carried out at this business address(es).

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15. Have you ever been convicted of any offence?      Yes       No

If 'Yes' please give details. (Enter every conviction including those resulting in a suspended sentence, a probation order, absolute/conditional discharge, as well as those resulting in a fine or imprisonment.)

**By virtue of the Rehabilitation of Offenders (Exceptions) Order Northern Ireland 1979, details of all convictions including spent convictions must be given.**

<i>Date</i>	<i>Court</i>	<i>Offence(s)</i>	<i>Sentence imposed</i>

16. Do you currently suffer from any serious medical condition including any alcohol or drug related condition, which is controlled by prescription medicines?

No       Yes       If yes give details below

Condition:	
Dates: From	To

Do you currently have, or have you every had, Epilepsy?

No       Yes       If yes give approximate dates of last two episodes

Date 1	Date 2
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Have you attended a medical professional in the last 5 years for treatment of depression or any other kind of mental or nervous disorder?

No       Yes       If yes give details below

Condition:
Dates:

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?

[Text box for category of dealership]

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 [Text box]

Date [Text box]

\*Delete as appropriate  
PB 2/15