

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 respe	ect 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:
Form 20/24	

Form 30/34 PB 2/15

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Serial No —