

Firearms Dealers: Application for registration or for new Certificate of Registration



Plases complete this form in BLOCK CAPITALS except when signing.

Note: **Part A** must be completed where an application is made by a person wishing to be registered as a Firearms Dealer. **Parts B** and **C** must be completed where an application is made on behalf of a company. In all cases **Parts D** and **E** must be completed.

PART A Personal Details

1 Title (eg Mr, Mrs, Ms)	<input type="text"/>	2 Surname	<input type="text"/>
3 Forename(s)	<input type="text"/>		
4 If you have at any time used a name other than those quoted at 2 and 3 above, please give details (including in the case of a married woman, surname before marriage)	<input type="text"/>		
5 Date of Birth	<input type="text"/>	6 Place of Birth	<input type="text"/>
7 Nationality	<input type="text"/>		
8 Occupation	<input type="text"/>		
9 Current home address	<input type="text"/>		
	Post Code <input type="text"/>	Telephone Number	<input type="text"/>
10 Permanent home address (if different from 9)	<input type="text"/>		
	Post Code <input type="text"/>	Telephone Number	<input type="text"/>
11 If you have lived elsewhere than at the address quoted at 9 and 10 above during the last five years please give details	<input type="text"/>		
	Post Code <input type="text"/>	Telephone Number	<input type="text"/>
12 Have you previously been registered as a firearms dealer in Great Britain?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes state police force area	<input type="text"/>		
Name under which you were registered	<input type="text"/>		
Period of registration	from <input type="text"/>	to	<input type="text"/>

PART A Continued

13 Have you ever had an application for the grant or renewal of a firearm or shotgun certificate refused or a certificate revoked?

Yes

No

If **yes**, give details

14 Have you ever had an application for registration as a firearms dealer refused, or been removed from a police register of dealers?

Yes

No

If **yes**, give details

15 have you been convicted of any offence?

Yes

No

If **yes**, give details

(Note: You are not entitled to withhold information about any offence. This includes convictions in places outside Great Britain.)

PART B Company details

16 Full name of company

17 Registered number of company

18 Has the company ever traded under a different name?

Yes

No

If **yes**, state full name of such company

19 Has the company been registered as a firearms dealer in another police force area, under this or any other name?

Yes

No

If **yes**, state police force and certificate of registration number

20 Principal nature of the business with which the company is concerned

21 Names of the officers of the company (including Chairperson, Secretary, Directors etc.)

22 Do any of the above named officers hold a firearms dealer's certificate of registration?

Yes

No

If **yes**, state full name of such officers

PART B Continued

23 Is any officer of the company also an officer of another company which holds a firearms dealer's certificate?

Yes No

If **yes**, state details

24 Has the company trading under this or any other name, ever been removed from a police register of firearms dealers?

Yes No

If **yes**, state details

25 Has a court ever ordered any of the officers of the company not to be registered as a firearms dealer?

Yes No

If **yes**, state details

26 Has a court ever ordered the company not to be registered as a firearms dealer?

Yes No

If **yes**, state details

27 Has the company been convicted of any offence?

Yes No

If **yes**, state details

PART C Officer making an application on behalf of a company

28 Title
(eg Mr, Mrs, Ms)

29 Full name

30 Date of birth

31 Position held in company

32 Length of time in position stated in question **31**

PART D Place of business

33 Details of place of business			
Name and address of business		Nature of business: eg manufacturing, wholesale, retail, full or part time	Nature of any other business conducted at this address
a)	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;">Name and address of business</div> <div style="width: 15%;">Telephone No.</div> <div style="width: 5%; border: 1px solid black; height: 15px;"></div> </div> </div>		
b)	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;">Name and address of business</div> <div style="width: 15%;">Telephone No.</div> <div style="width: 5%; border: 1px solid black; height: 15px;"></div> </div> </div>		
c)	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;">Name and address of business</div> <div style="width: 15%;">Telephone No.</div> <div style="width: 5%; border: 1px solid black; height: 15px;"></div> </div> </div>		
34 If this is an initial application, please give details of previous experience of handling firearms			
35 Proposals for ensuring the safe custody of firearms and/or ammunition if the application is granted			

PART E Application and declaration

<p>36 I hereby apply to the chief officer of police/</p> <p>I hereby submit this application on behalf of the company named in Part B above*</p>	<p><i>*delete as appropriate</i></p> <p>a) for registration as a firearms dealer b) for a new certificate of registration</p> <p>Note: It is an offence for any person to make any statement which they know to be false for the purpose of procuring either for themselves or for any other person registration as a firearms dealer or the entry of any place of business on a register of firearms dealers.</p> <p>I declare that the above statements are true</p> <p>Usual signature of applicant</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 70%; height: 30px;"></div> <div style="border: 1px solid black; width: 20%; height: 30px; text-align: center;">Date</div> </div>
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For Official use only	Fee Paid £		Signature	
	Receipt Number		Rank/Number	
	Date		Station	

Dealer Staff List

SURNAME (including any maiden or former names)	<input type="text"/>		
FORENAME(S) (please state all)	<input type="text"/>		
DATE OF BIRTH	<input type="text"/>	PLACE OF BIRTH	<input type="text"/>
CURRENT ADDRESS	<input type="text"/>		
PREVIOUS ADDRESSES IN LAST 5 YEARS	<input type="text"/>	<input type="text"/>	
HOME TEL NUMBER	<input type="text"/>	MOBILE TEL NUMBER	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>		

SURNAME (including any maiden or former names)	<input type="text"/>		
FORENAME(S) (please state all)	<input type="text"/>		
DATE OF BIRTH	<input type="text"/>	PLACE OF BIRTH	<input type="text"/>
CURRENT ADDRESS	<input type="text"/>		
PREVIOUS ADDRESSES IN LAST 5 YEARS	<input type="text"/>	<input type="text"/>	
HOME TEL NUMBER	<input type="text"/>	MOBILE TEL NUMBER	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>		