

# 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 <b>yes</b> 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; height: 60px;"></div> Telephone No. <input type="text"/>		
b)	<div style="border: 1px solid black; height: 60px;"></div> Telephone No. <input type="text"/>		
c)	<div style="border: 1px solid black; height: 60px;"></div> Telephone No. <input type="text"/>		
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/  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</p> <p>b) for a new certificate of registration</p> <p><b>Note: It is an offence</b> 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><b>I declare that the above statements are true</b></p> <p><b>Usual signature of applicant</b></p> <div style="border: 1px solid black; width: 400px; height: 30px; margin-top: 10px;"></div>	<p>Date</p> <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 10px;"></div>
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<b>For Official use only</b>	Fee Paid £	<input style="width: 100px;" type="text"/>	Signature	<input style="width: 150px;" type="text"/>
	Receipt Number	<input style="width: 100px;" type="text"/>	Rank/Number	<input style="width: 150px;" type="text"/>
	Date	<input style="width: 100px;" type="text"/>	Station	<input style="width: 150px;" type="text"/>