



# APPLICATION FOR THE GRANT OR RENEWAL OF A FIREARM AND/OR SHOTGUN CERTIFICATE

**PLEASE READ THE NOTES CAREFULLY (PAGES 12-15) BEFORE COMPLETING THE APPLICATION FORM**

You may type your responses except where your signature is required. Otherwise, please use black ink and write in **BLOCK CAPITALS** throughout, except when signing. A continuation sheet is provided at page 6 for further information.

I am applying for (tick each box which applies)

- **Firearm certificate**     Grant     Renewal
- **Shotgun certificate**     Grant     Renewal

Do you wish to apply for a shotgun certificate which will expire at the same time as your firearm certificate?     **Yes**     **No**

<p><b>PART A: Personal details.</b></p> <p>1. Gender        <input type="checkbox"/> Male    <input type="checkbox"/> Female</p> <p>2. Title .....</p> <p>3. Surname .....</p> <p>4. Forenames (state all) .....</p> <p>5. If you have at any time used a name other than that given in answer to questions 3 and 4 please complete below:                  Previous surname(s) .....</p> <p>Previous forename(s) .....</p> <p>6. Home address .....</p> <p>.....</p> <p>a. Postcode .....</p> <p>b. Home tel number .....</p> <p>c. Mobile number .....</p> <p>d. Home E-mail .....</p> <p>Any previous home addresses in the last 5 years?  <input type="checkbox"/> Yes    <input type="checkbox"/> No (If yes please give details on page 2)</p> <p>7. Height .....</p> <p>8. Date of Birth .....</p> <p>a. Place of birth .....</p> <p>b. Nationality .....</p> <p>9. Occupation .....</p> <p>a. Work address .....</p> <p>.....</p> <p>b. Postcode .....</p> <p>c. Work tel number .....</p> <p>d. Work E-mail .....</p>	<p><b>PART B: Personal health &amp; medical declaration</b>  <b>If necessary, continue on page 6</b>  <b>Important: Read notes 4-12 before completion.</b></p> <p>10. Have you ever been diagnosed with or treated for any of the medical conditions in note 5?  <input type="checkbox"/> Yes (Please provide details)    <input type="checkbox"/> No</p> <p>.....</p> <p>11. Details of your GP or GP practice</p> <p>a. Name .....</p> <p>b. Address .....</p> <p>.....</p> <p>c. Postcode .....</p> <p>d. Tel number .....</p> <p>e. E-mail .....</p> <p>12. Details of all previous GP practices during the past 10 years (see note 12). Continue on page 6 if necessary.</p> <p>a. Name .....</p> <p>b. Address .....</p> <p>.....</p> <p>c. Postcode .....</p> <p>d. Tel number .....</p> <p>e. E-mail .....</p> <p>Are there any periods in the past 10 years when you have not been registered with a UK GP or have consulted medical practitioners other than at your GP practice?  <input type="checkbox"/> Yes (Please provide details on continuation page)    <input type="checkbox"/> No</p>
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I give the police permission to contact my GP and/or specialist to obtain factual details of any medical history in relation to my suitability to possess a firearm and/or shotgun. **This authority is valid for the life of the certificate(s).** I understand that my GP may share sensitive personal data with the police concerning my physical and mental health for the purpose of enabling the police to make a fully informed decision on my application or continued suitability, and I hereby consent to this processing of my personal data.

Applicant's name (please print).....

Applicant's signature ..... Date .....

**PART C: Offences**

**Important: Please read notes 13 and 14 before completion**

**13.** Have you been convicted of any offence (including speeding but not including parking offences or fixed penalty notices) or received a written caution?

**Yes**                       **No**

If yes, give details of all convictions and/or formal written police cautions, bindovers and spent convictions, including those received outside Great Britain.

<b>Date</b>	<b>Offence</b>
.....	.....
.....	.....
.....	.....
.....	.....

**Previous home address(es) from the past five years:**

**Address 1**

.....  
.....  
..... Postcode .....

From ..... To .....

**Address 2**

.....  
.....  
..... Postcode .....

From ..... To .....

**Address 3**

.....  
.....  
..... Postcode .....

From ..... To .....







**CONTINUATION SHEET**

**Please use this space for any additional information relating to parts A-E of this form:**

.....

**DECLARATION**

I hereby apply for a

- Firearm certificate       Shotgun certificate

The information I have provided on this form is true and I understand that it is an offence under section 28A(7) of the Firearms Act to knowingly or recklessly make a false statement for the purpose of procuring the grant or renewal of a certificate, the maximum penalty for which is six months' imprisonment and/or a fine. I understand that I will be subject to a check of police records and that my details will be held electronically.

I understand that if I do not provide the required information my application cannot be processed and will be refused.

I understand that I am expected to inform the police if I am diagnosed with, or treated for, a medical condition listed in note 5 while the certificate remains valid.

Data Protection

I understand that all information submitted will be handled in accordance with the Data Protection Act 1998 and the Freedom of Information Act 2000 and connected legislation. I understand and give consent for information contained within my application form or obtained in the course of deciding the application to be shared with: my GP, other government departments, regulatory bodies or enforcement agencies in the course of deciding the application or in pursuance of maintaining public safety or the peace.

*Note: Any information shared will be shared in accordance with data sharing protocols. The police do not share your personal details with other applicants or members of the public and treat information in connection with the application in confidence, but individuals should be aware that the police may disclose some information in accordance with the legislation referred to above.*

- I have signed the medical consent on page 1       I have enclosed the fee
- I have provided details of the referee/s       I have enclosed one photograph
- I have read the Notes (pages 12-15)

Signature: .....

Print name: .....

Date: .....

**If the applicant is under 18 years of age the following must be completed**

- Parent      or       Guardian

Signature: .....

Print name: .....

Date: .....

# APPLICATION FOR THE GRANT OR RENEWAL OF A FIREARM AND/OR SHOTGUN CERTIFICATE

**PART F: Referee details for firearm and/or shotgun certificates. Please type or write in BLOCK CAPITALS. See notes 1 and 2.**

**Please give details of a suitable person who has agreed to act as a referee for you.**

1. Title .....
2. Surname .....
- 2a. Forename(s) .....
3. Previous name(s) that you are aware the referee has been known by .....
4. a. Date of birth .....
- b. Place of birth .....
5. Occupation .....
6. Home address .....
- Postcode .....
7. Home telephone number .....
- a. Work telephone number .....
- b. Mobile number .....
- c. Home e-mail .....
- d. Work e-mail .....
8. In what capacity do you know the referee? .....
9. How long has the referee known you? .....



**APPLICATION FOR THE GRANT OR RENEWAL OF A FIREARM CERTIFICATE**

**PART G: Second referee details. Please type or write in BLOCK CAPITALS**

A second referee is ONLY required for a firearm certificate. See notes 1 and 2

Please give details of a suitable person who has agreed to act as a referee for you.

1. Title .....

2. Surname .....

2a. Forename(s) .....

3. Previous name(s) that you are aware the referee has been known by .....

4. a. Date of birth .....

b. Place of birth .....

5. Occupation .....

6. Home address .....

.....

..... Postcode .....

7. Home telephone number .....

a. Work telephone number .....

b. Mobile number .....

c. Home e-mail .....

d. Work e-mail .....

8. In what capacity do you know the referee? .....

9. How long has the referee known you? .....

This page is left blank to allow the equality information to be detached from the rest of the application.

**PART H: Equality (Please tick the appropriate boxes)**

**EQUALITY INFORMATION**

1.  I would prefer not to answer any of the following questions.

**2. Do you have a disability?**

- Yes       No
- Prefer not to say

**3. What is your ethnic group?**

**A. White**

- English
- Welsh
- Scottish
- Northern Irish
- British
- Irish
- Gypsy or Irish Traveller
- Any other white background, write in:  
.....

**B. Mixed/multiple ethnic groups**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed/multiple ethnic background, write in:  
.....

**C. Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, write in:  
.....

**D. Black/African/Caribbean/Black British**

- African
- Caribbean
- Any other Black/African/Caribbean background, write in:  
.....

**E. Other ethnic group**

- Arab
- Any other ethnic group, write in:  
.....

**F.**  Prefer not to say

**4. Gender**

- Male       Female
- Prefer not to say

**5. What is your age group?**

Age group	Tick
66 and above	<input type="checkbox"/>
61-65	<input type="checkbox"/>
56-60	<input type="checkbox"/>
51-55	<input type="checkbox"/>
46-50	<input type="checkbox"/>
41-45	<input type="checkbox"/>
36-40	<input type="checkbox"/>
31-35	<input type="checkbox"/>
26-30	<input type="checkbox"/>
21-25	<input type="checkbox"/>
18-20	<input type="checkbox"/>
Under 18	<input type="checkbox"/>

Prefer not to say

## NOTES

Please read these **BEFORE** completing the form

You must complete all parts of the form for the type of certificate for which you are applying. For electronic applications, each data field must be completed.

**FIREARM:** Section 1 of the Firearms Act 1968 (as amended) applies to all firearms except:

- i. a shotgun;
- ii. an air weapon (unless declared 'specially dangerous');
- iii. prohibited weapons such as centre fire self-loading rifles, handguns, machine guns etc (unless specifically authorised).

**SHOTGUN:** Section 1(3)a of the Firearms Act 1968 (as amended) defines a shotgun as:

- i. a smooth bore gun (not being an air weapon);
- ii. having a barrel not less than 24" (60.96cm) in length and a bore not exceeding 2" (5.08cm) in diameter;
- iii. either having no magazine, or a non-detachable magazine incapable of holding more than two cartridges;
- iv. not a revolver gun.

### Referees

1. When applying for a **firearm certificate**, you should have gained the permission of two people who have agreed to act as referees for you. You must complete Parts F and G with their details. When applying for a **shotgun certificate** you should have gained the permission of one person to act as a referee for you. You must complete part F with their details.
2. The referee(s) who have agreed to act for you must have known you personally for at least two years and must be resident in Great Britain. A referee must not be a member of your immediate family, a registered firearms dealer, a serving police officer, a police employee, a Police and Crime Commissioner or a member of their staff, or a member of, or a member of staff of, the Scottish Police Authority. Referees must be of good character and any references they agree to provide must be given freely and not on payment.

### Coterminous applications

3. To apply for both a **firearm certificate** and a **shotgun certificate** and to have them expire at the same time (coterminous certificates) you should complete the sections for firearm and shotgun certificates. The fee payable for such certificates may be less than the normal fee for the grant or renewal of a shotgun certificate if both of your applications are dealt with at the same time.

### Medical information

4. You must disclose any relevant physical or mental health conditions that you have been diagnosed with or treated for in the past as this may affect your ability to safely possess and use a firearm or shotgun. Relevant medical conditions which must be disclosed are listed in note 5. Sections 27 and 28 of the Firearms Act 1968 (as amended) specify that in order to issue a firearm or shotgun certificate the chief officer of police must be satisfied that an applicant can be permitted to possess a gun 'without danger to the public safety or the peace'. Medical fitness is one of the factors police must consider when assessing a person's suitability.

5. Relevant medical conditions which must be disclosed are:
- Acute Stress Reaction or an acute reaction to the stress caused by a trauma
  - Suicidal thoughts or self harm
  - Depression or anxiety
  - Dementia
  - Mania, bipolar disorder or a psychotic illness
  - A personality disorder
  - A neurological condition: for example, Multiple Sclerosis, Parkinson's or Huntington's diseases, or epilepsy
  - Alcohol or drug abuse
  - Any other mental or physical condition which might affect your safe possession of a firearm or shotgun

If in doubt, consult your GP or contact the police firearms licensing department.

6. **If you have disclosed a relevant medical condition** the police may ask you to obtain a medical report from your GP/specialist. You are expected to meet the cost if a fee is charged for this. If further information is required the police may request and pay for a further report.
7. **Where no relevant medical conditions are disclosed** the police will contact your GP asking if they are aware of any relevant medical conditions or have any concerns about the grant of the firearm or shotgun certificate. Depending on the reply, the police may ask you to obtain a medical report from your GP/specialist. You are expected to meet the cost if a fee is charged for this. If further information is required the police may request and pay for a further report.
8. The police will ask your GP to place an encoded reminder on your patient record to indicate that you have been issued with a firearm or shotgun certificate. The GP is asked to notify the police if, following issue of the certificate, you are diagnosed with or treated for a relevant medical condition (listed in note 5), or if the GP has other concerns about your possession of a certificate that might affect your safe possession of firearms. Following contact from your GP there may be a need for a medical report to be obtained to assist with assessment of your continued suitability to possess a firearm or shotgun certificate. The police will pay if a medical report is required.
9. **Following the issue of a firearm or shotgun certificate** please note that the declaration you have signed consenting to information sharing between your GP and police applies during the application process and during the validity of any firearm or shotgun certificate, which may be up to five years.
10. You are expected to inform the police if, following issue of the certificate, you are diagnosed with or treated for a relevant medical condition while the certificate remains valid.
11. You should inform the police if you change your GP practice and provide contact details for the new practice.
12. You are asked to provide details of GP practices over the past 10 years and whether you have consulted medical practitioners other than at your GP practice so that all relevant information is available to police to assist with their assessment of suitability to possess a firearm certificate. Military personnel who are posted abroad and have a service GP may still be regarded as resident in the UK for the purposes of the application.

### Convictions and offences

13. You must not withhold information about **any conviction**. This includes motoring offences (including speeding offences), bindovers, formal written cautions and convictions in and outside Great Britain, and (by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975) convictions which are spent under the 1974 Act. A conditional discharge and an absolute discharge both count as convictions for this purpose. Details of parking offences and fixed penalty notices do not need to be declared.
14. Section 21 of the Firearms Act 1968 places restrictions on the possession of firearms and ammunition by those previously convicted of crime. A person receiving a sentence of imprisonment of three months or more is prohibited from possessing a firearm, shotgun, antique firearm, air weapon or ammunition for five years from the date of their release. In the case of a suspended sentence the prohibition applies from the second day after being sentenced. If the sentence is three years or more the prohibition applies for life unless lifted by the Crown (or Sheriff) Court.

### Inspection of premises

15. Please allow the police to inspect your guns and security when requested as in the absence of a warrant consent is required for the police to inspect premises.

### Photographs

16. A digital photograph must be used for online applications. Paper applications must be accompanied by one photograph. Ordinary passport-style photographs (45mm high x 35mm wide) are suitable for this purpose. Photographs must be of a professional standard, against a plain cream or grey background and without other objects or people in the background and (if printed) must be on good quality gloss or matt paper. The photograph must be a true likeness and full face without a head covering (unless it is worn for religious or medical reasons). In your photograph you must be looking straight at the camera, have a neutral expression, with your eyes open and mouth closed. You must not wear sunglasses or tinted glasses, and the photographs must not have any 'red eye.'

### Equality monitoring

17. The equality monitoring information you provide in Part H aims to assist the force in meeting its duties as a Public Authority. The information will be kept separately from the application.

### Submission of application

18. The receipt for electronic applications, where these are available, will be automatically generated by the system. For hard copy applications, unless advised otherwise by the police, you should post or take the completed form together with the fee and photograph to the police firearms licensing department. In the case of an application for renewal, a signed and dated recent copy of the certificate to be renewed should be sent to police when you submit your application. If an application is being made for a variation the certificate to be varied must be included with your application. (You may wish to keep a copy of the certificate.)

## Section 1 Firearms Only

19. To acquire or possess firearms or ammunition under Section 1 of the Firearms Act 1968, you have to provide evidence that you have a **good reason** to do so. This applies to the grant, renewal or variation of a firearm certificate. This evidence can take several forms: permission to shoot over land or membership of a target shooting club, or a booking or invitation to go deer stalking are examples, but these are not exhaustive.
  
20. Please provide the address of one area of land where you have permission to shoot, together with the name, address and telephone number of the person who has given you that permission or the details of a Home Office approved club of which you are a full member.  
**NB:** You will not necessarily be limited to shooting over that individual piece of land or at that club.

## Firearms Licensing - Current Fees

**CHEQUES/POSTAL ORDERS TO BE MADE PAYABLE TO PCC FOR NORTH YORKSHIRE**

<b>TYPE OF CERTIFICATE</b>	<b>Current Fee</b>
Shotgun Grant	£79.50
Shotgun Renewal	£49.00
Firearm Grant	£88.0
Firearm Renewal	£62.00
Co-Terminous Grant	£90.00
Co-Terminous Renewal	£65.00

Firearms Licensing Department  
 North Yorkshire Police Headquarters, Alverton Court, Crosby Road, Northallerton, North Yorkshire, DL6 1BF  
 Email: [firearmslicensing@northyorkshire.pnn.police.uk](mailto:firearmslicensing@northyorkshire.pnn.police.uk)

**Please ensure you pay the correct postage**

**THIS FORM WILL ASSIST WITH YOUR APPLICATION BUT IS NOT MANDATORY**



**COMPLETE FOR FIREARM APPLICATIONS ONLY**

Applicant's name .....

Applicant's address .....

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**NOMINATED LAND**

Name & address of land (inc postcode) .....

.....

Landowner's name .....

Landowner's telephone number (s) .....

Acreage of land .....

Calibres authorised to be used on the above land .....

.....

The use is for: vermin  fox  deer  other  (please state) .....

I confirm that the above named has permission to use the requested calibres of firearm over this land.

Signature of landowner ..... Date .....

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**NOMINATED CLUB**

Club name .....

Club Secretary's name .....

I confirm that the above named is a full member of this club; their membership expires on .....

Signature of Club Secretary ..... Date .....

**THIS FORM WILL ASSIST WITH YOUR APPLICATION BUT IS NOT MANDATORY**