

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

Please 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 (e.g. Mr, Mrs, Ms)

2 Surname

3 Forename(s)

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)

5 Date of birth

6 Place of birth

7 Nationality

8 Occupation

9 Current home address

Post Code

Telephone number

10 Permanent home address (if different from 9)

Post Code

Telephone number

11 If you have lived elsewhere than at the addresses quoted at 9 and 10 above during the last five years please give details

Post Code

Telephone number

12 Have you previously been registered as a firearms dealer in Great Britain?

Yes ☐

No ☐

If **yes** state police force area

Name under which you were registered

from

to

Period of registration

Part A Continued

- 13** Have you ever had an application for the grant or renewal of a firearm or shot gun 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 ever 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, Treasurer 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 traded 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 (e.g. 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 places of business

	Name and address of business	Nature of business e.g. manufacturing, wholesale, retail, full or part time	Nature of other business conducted at this address
a)	<div>Telephone No. <input type="text"/></div>		
b)	<div>Telephone No. <input type="text"/></div>		
c)	<div>Telephone No. <input type="text"/></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

36 I hereby apply to the chief officer of police*/

** delete as appropriate*

I hereby submit this application on behalf of the company named in **Part B** above*

a) for registration as a firearms dealer ☐

b) for a new certificate of registration ☐

Note: It is an offence for any person to make any statement which he knows to be false for the purpose of procuring either for himself or for another person registration as a firearms dealer or the entry of any place of business on a register of firearms dealers.

I declare that the above statements are true
Usual signature of applicant

Date

For official use only

Fee Paid £

Signature

Receipt Number

Rank / Number

Date

Station