

INDIVIDUAL APPLICATION FOR LICENSE TO OWN AND POSSESS FIREARMS



LICENSE CONTROL No.:						-			-						-																
TYPE OF LICENSE:					TYPE 1 TYPE 2									TYPE 3					T	/PE	4			TYPE 5							
OTHER LICENSE/S:		Sports Shooter Antique										e F	e Firearm Collector								Gun Collector										
(To be filled out by Applicant completely and legibly) PERSONAL INFORMATION Day M Day M														lont	/		Ye	ar													
Last Name:																															
First Name:																															
Middle Name:																		Qual				ıali	ifier:								
E-Mail Address:																															
Place of Birth:																															
Date of Birth:		Day Month Year /														'	Gender: M F														
Mobile No.: + 6			3		TIN:												-				-										
Primary Address:													Tel	eph	phone No.:			()									
Unit No./Bldg:																															
Street/Brgy:																															
City/Municipality:	:																														
Region:																						Postal Code:									
Next of Kin:	Nam	ne																													
	Nan	lame																						<u> </u>	$oxed{oxed}$	$oxed{oxed}$					
		Mido	lle N	lame										_										1	<u></u>	Ļ	<u> </u>	<u></u>	Ļ		<u> </u>
Mobile No.:	+	6	3										Telephone No.: ()					<u> </u>					
·	sma					fess	essional				• •								PNP/AFP/Other LEA's												
								v't Official												_	Ret. PNP/AFP/Other LEA's Others										
Reserve AFP Ret. Gov't Official Ret. Gov't Employee														J 01	ther	's						_									
I hereby certify that, pursuant to the provisions of Republic Act 10591, all statements provided herein are true and correct. Further, I certify that I have not been convicted of any crime involving moral turpitude, nor I have been convicted or is currently an accused in a pending criminal case for a crime that is punishable with a penalty of more than two (2) years. Any misdeclaration/falsity stated in this application shall be a basis for the cancellation of my license and the revocation of the registration/s of my firearm/s and its/their eventual confiscation without prejudice to the filing of criminal and or civil case against me. Signature above printed name															2" X 2" I.D. Photo (White Background) Original Photo Only No Xerox No Scanned																
SUBSCF	RIBE	ED A	AND		_				-						dav	of			_ 2	20_			Г							1	
applicant exhibi	ited	to	n	ne	his	/he	r (com	pet	ent	e١	/ide	nce	0	f	ider	ntity	is	sue	d	by										
Doc. No.: Page No.: Book No.: Series of 20																															
			_			N	OT/	RY	PU	BLI	С			-								(Ro				THUI int fr				ight)