

# 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 form 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

**PART A: Personal details.**

- 1. Gender                      Male                      Female
- 2. Title .....
- 3. Surname .....
- 4. Forenames (state all) .....
- 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).....  
 Previous forename(s).....
- 6. Home address .....
- .....
- .....
- a. Postcode .....
- b. Home tel number .....
- c. Mobile number .....
- d. Home E-mail .....
- Any previous home addresses in the last 5 years?  
 Yes      No (If yes please give details on page 2)
- 7. Height .....
- 8. Date of Birth .....
- a. Place of birth .....
- b. Nationality..... ..
- 9. Occupation .....
- a. Work address .....
- .....
- b. Postcode .....
- c. Work tel number.....
- d. Work E-mail .....

**PART B: Personal health & medical declaration**

- If necessary, continue on page 6**
- 10. Do you suffer from any relevant medical conditions?  
 Important: Read notes 4-12 before completion.  
  
 Yes      (If yes give details)                      No
  - .....
  - 11. Details of your GP or GP practice  
 a. Name .....
  - b. Address .....
  - .....
  - c. Postcode .....
  - d. Tel number .....
  - e. E-mail .....
  - 12. Details of all previous GP practices during the past 10 years (see note 12). Continue on page 6 if necessary.  
 a. Name .....
  - b. Address .....
  - .....
  - c. Postcode .....
  - d. Tel number .....
  - e. E-mail .....
  - 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?  
  
 Yes (if yes give details on continuation page)      No

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 certificate. 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, binding overs and spent convictions, including those received outside Great Britain).

Date	Offence
.....	.....
.....	.....
.....	.....
.....	.....

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

**Address 1**

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

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

**Address 2**

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

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

**Address 3**

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

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





APPLICATION FOR THE GRANT OR RENEWAL OF A SHOTGUN CERTIFICATE

PART E: Shotgun details (if applicable).

18. Details of shotguns currently held.

If none write NONE here

[Empty box for 'NONE' response]

Table with 4 columns: Calibre/Bore or gauge, Action/Type, Make, Serial No. Multiple empty rows for data entry.

19. Details of current (or in the case of a grant, proposed) security arrangements

a. Are the security arrangements at your home address? Yes No - please provide details

.....

b. Type of security :

cabinet clamp gun room other - please provide details

.....

c. Is the security shared with another certificate holder? Yes - please provide details No

.....

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 begin to suffer from a relevant medical condition, **having sought medical advice or treatment for such a condition**, 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 either 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. We do not share your personal or company 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 we may be required to disclose some information in accordance with the legislation referred to above.*

- |  |   |
|--|---|
| <input type="checkbox"/> I have signed the medical consent on page 1 | <input type="checkbox"/> I have enclosed the fee                    |
| <input type="checkbox"/> I have provided details of the referee/s    | <input type="checkbox"/> I have enclosed FOUR identical photographs |
| <input type="checkbox"/> 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. Please type or write in BLOCK CAPITALS**

**Referee for firearm and/or shotgun certificates.**

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

**See notes 1 and 2**

1. Title .....
2. Surname .....
3. Forename(s) .....
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? .....



<b>APPLICATION FOR THE GRANT OR RENEWAL OF A FIREARM CERTIFICATE</b>
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**PART G: 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 .....
3. Forename(s) .....
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? .....

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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	
61-65	
56-60	
51-55	
46-50	
41-45	
36-40	
31-35	
26-30	
21-25	
18-20	
Under 18	

Prefer not to say

## NOTES

Please read these **BEFORE** completing the form

You must complete all parts of the form required for the type of certificate for which you are applying.

**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 or police employee. 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 physical or mental health condition that may affect your ability to safely possess and use a firearm (including a shotgun). 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 include, for example:
- 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 related abuse

Or any other condition, mental or physical, which might affect your safe possession of firearms. If in any doubt, consult your GP.

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 issue 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 begin to suffer from a relevant medical condition, 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 you begin to suffer from a relevant medical condition, **having sought medical advice or treatment for such a 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.

### Convictions and offences

13. You must not withhold information about **any conviction**. This includes motoring offences (including speeding offences), binding overs, formal written warnings, 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 details restrictions on the possession of firearms and ammunition by those previously convicted of crime. A person receiving a suspended sentence of a minimum duration of three months or more is prohibited from possessing a firearm for five years from the second day after sentence.

### 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. Applications must be accompanied by four identical photographs of you and sized 45mm x 35mm. The photographs must be full face and without a hat and must be a current true likeness. Ordinary passport style photographs are suitable for this purpose. A computer generated likeness is acceptable if it is full face, against a plain background and printed on good quality gloss or matt paper.
17. If you are applying for both a firearm and a shotgun certificate you need only submit four photographs.
18. One of the photographs must be signed in ink, on the back by you, the applicant.

### Equality monitoring

19. 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

20. Unless otherwise advised by the police, you should post or take the completed form together with the fee and photographs to the police firearms licensing department. In the case of an application for renewal or variation, the current certificate or a signed and dated recent copy should be included with the application.

## Section 1 Firearms Only

21. 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.
22. 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.