

Republic of Guyana APPLICATION FOR FIREARM LICENCE (INDIVIDUAL)

INSTRUCTION: Please complete application form in **CAPITAL LETTERS**.

Failure to complete all sections will affect processing of the application

	If you need more space for any section, print an additional page containing the appropriate section, complete and submit with the application.				
Last Na	ime:				
Maiden	Name:				
First Na	nme:	Photograph of Applicant			
Middle	Name:				
Alias:					
	FOR OFFICIAL USE ONLY				
Police I	Police Division:				
to facilit	nts are required to submit two (2) recent passport size photographs, along with the following tate processing of the application: MENTS REQUIRED (Copies and original for verification, where applicable)	g documents			
1.	Vehicle Registration (if applicable)				
2.					
3.					
4.					
5.					
6.					
7.	7. Evidence of NIS/PAYE contributions for employees (if applicable)				
8.					
9.					
10.	10. National Identification Card or Passport				
11.	11. Two (2) recent testimonials in support of the application. (Justices of the Peace are not accepted as referees)				
12.	12. Firearms Licencing Approval Board Medical Report				
13.	13. Proof of current address (one utility bill)				
NOTE:	a. Applicants are advised that the submission of an endorsement of membership of recognis	sed Associations,			

- e.g. Guyana Rice Producers' Association (GRPA), Guyana Gold and Diamond Miners' Association (GGDMA) and the Guyana National Rifle Association (GNRA), will be helpful.
 - b. Applicants for a Joint Firearm Licence(first time) are advised to complete an Individual Application Form and submit with the requisite supporting documents, and a covering letter indicating that it is a joint application. Each individual will complete an application.
 - c. Applicants are advised that consideration will be given for a second firearm licence two(2) years after being approved for the first.

PROCESSING FEE

All successful applicants are required to pay a processing fee. The fee structure is as follows:

PS: The fees are subjected to change.

Shotgun \$ 2,500 Handgun (pistol) \$12,500 Rifle \$20,000

Application Process for a Firearm Licence

The process from application to final approval or rejection for a firearm licence is as follows:

- The applicant completes the Firearm Licence Application Form, and submits along with a Medical Report for Firearm Licence, and the required documentation to <u>ONE</u> of the following locations:
 - a. The nearest Police Station; or
 - b. The Divisional Commander, Divisional Headquarters; or
 - c. The Commissioner of Police, Police Headquarters, Eve Leary, Georgetown; or
 - d. The Ministry of Home Affairs.
- 2. The applicant will be issued with an acknowledgement letter by the Commissioner of Police.
- The Commissioner of Police will forward the application to the Criminal Investigation Department,
 Special Branch, and the relevant Divisional Commander, as the case may be, for processing to commence.
- 4. During the processing of the application, police officers will visit the residence of the applicant, who will be required to give a statement, and have his/her fingerprints taken.
- 5. The Divisional Commander will verify the information contained in the application, and submit a report to the Commissioner of Police with a recommendation.
- The Criminal Investigation Department and Special Branch will communicate the findings of their investigations to the Commissioner of Police.
- 7. On receipt of the required reports, the Commissioner of Police will forward his findings and recommendation to the Minister of Home Affairs for review by the Firearms Licensing Approval Board.
- The Firearms Licensing Approval Board will review the recommendation of the Commissioner of Police, and make a recommendation to the Minister of Home Affairs.
- The Minister of Home Affairs will grant or withhold his "no objection" to the recommendation of the Firearms Licensing Approval Board.
- 10. The Commissioner of Police will be notified of the outcome of the application.
- 11. The applicant will be notified, in writing, by the Commissioner of Police of the outcome of his/her application.
- 12. Successful applicants will be required to pay a processing fee at the respective Divisional Firearm Registry, following which they will commence the process of purchasing, licensing and uplifting a firearm and ammunition.
- 13. Unsuccessful applicants are advised of their right to appeal the refusal of their applications for firearm licences under the Firearms Act. The appeal must be submitted to H.E the President.

A. GENERAL INFORMATION					
Last Name :		Maiden Name:			
First Name:		Alias:			
Middle Name:					
Has your name ever been changed?		Yes	No		
If <u>YES</u> , what was your previous name? _					
How was it changed?		Deed Poll	Court Order		
Date of Birth:/ yyyy/mm/dd	Place of Birth:	N	lationality:		
Citizenship By: Birth	Naturalization	Other (Pleas	e Specify):		
Dual Citizenship	(Please Specify	y):			
Sex: Male	Female	Ethnicity:			
Marital Status: Single	N	Married	Divorced		
Separated	v	Vidowed	Common Law		
Immigration Status: Voluntary	Remigrant	Involuntary Ren	nigrant Not Applicable		
Address:					
Present:					
Previous:					
Tel. No.:	Cell No.:		E -mail:		
National I.D. No.:	Passport No.:		TIN:		
Profession or Occupation:					
If self-employed, please complete Section C					
Name of Employer:					
Address of Employer:					
Address of Employer.					
Tel. No.:	Fax No.:		E -mail:		

1.	Have you ever applied for a fir	rearm licence?	Yes No				
	If YES, please provide details						
2.	Have you ever been refused a	Yes No					
3.	Has your firearm licence ever	Yes No					
4.	4. Has your firearm ever been seized? Yes No						
5.	If <u>YES</u> , was it returned to you' Have you ever lost or misplace		Yes No No No				
5.	If YES , complete section E.	ed your meann:	Tes No				
6.	Is any other member of your h	ousehold a licensed					
0.		ousehold a needsed	Ves No				
	firearm holder? Yes No						
	If <u>YES</u> , please state name						
7.	Has any other member of your	r household ever been					
	refused a firearm licence?		Yes No				
8.	Have you ever been convicted	or discharged	<u> </u>				
	on any offence?		Yes No				
9.	Have you ever been treated for	emotional problems,					
4.0	drugs or alcohol abuse?	Et. 10	Yes No				
10.	Do you suffer from Epilepsy ()	Fits)?	Yes No				
	Have you ever been placed on		Yes No				
12.	Have you ever been charged by th	e police?	Yes No				
	If YES, please state date and o	offence(s)					
13.	Are you currently awaiting trial	for any offence?	Yes No				
	If YES, please provide details	-					
	TES, pieuse provide detains						
C.	BUSINESS INFORMATION	FOR SELF-EMPLOYED PERS	SONS				
Are you	a businessman/businesswoman	n? Yes	No				
Do vou	have a registered business?	Ves	□ No				
Do you	Do you have a registered business? Yes No						
If WEC	places state VAT Designation	N					
	please state VAT Registration	Number.					
If NOT	registered, state reason:						
Type of	Business:						
Name of Business:							
Address	s:						
Tel. No	.:	Fax No.:	E-mail:				
D.	TYPE OF FIREARM REQUI	RED					
Г	Distal/Dayalyar	Chotour	D:a _o				
	Pistol/Revolver	Shotgun	Rifle Rolt Action				
	Pistol/Revolver	Shotgun	Bolt Action				
	Pistol/Revolver	Shotgun					
	Pistol/Revolver 22	Shotgun 12 Gauge	Bolt Action				
			Bolt Action Semi-Automatic				
	22	12 Gauge	Bolt Action Semi-Automatic				
	22	12 Gauge	Bolt Action Semi-Automatic .22 .223				

B. BACKGROUND INFORMATION

NOTE: The Firearms Licensing Approval Board will exercise its discretion in recommending applicants for 9mm pistols.

E. FIREARM BACKGROU	ND INFORMATION			
If you have answered YES to Section B 3, 4 and 5, please give details:				
F. USE OF THE FIREARM				
Personal Protection	Protection of Business			
Protection of Crops/Lives Other (Please Specify):				
Other (Flease Specify).				
-				
_				
G. AMMUNITION REQUIR	ED			
Please indicate the maximum amount of ammunition you desire to have in your possession at any one time				

Name of Referee:			Name of Referee:		
Address:			Address:		
Tel. No.:	Cell No		Tel. No.:	Cell No.:	
Tel. No.:	Cell No). .	Tel. No.:	Cell No.:	
Profession or Occupation:			Profession or Occupation:		
Place of Employme	ent:		Place of Employment:		
Name & Address of	of Employer:		Name & Address of En	nployer:	
Signature:			Signature:		
Date:			Date:		
By signing this form, you are attesting to the fact that you have known the applicant for a period of five (5) years or more and that the information given by the applicant is true and correct to the best of your knowledge.		and that the	By signing this form, you are attesting to the fact that you have known the applicant for a period of five (5) years or more and that the information given by the applicant is true and correct to the best of your knowledge.		
I. FAMILY	INFORMATIO	N			
	tional pages, as m	ay be necessary.			
SECTION A Full Name	Jame	Relationship	Date of Birth	Present Address (if deceased give last address and date)	
	SEE NOTE 1		yyyy/mm/dd	Present Occupation	
		SPOUSE OR COMMON-LAW PARTNER			
		MOTHER			
		FATHER			
		l-law partner is listed in e or common-law partne	Section A, read and signer.	below.	

Signature

Date

SECTION B

CHILDREN (Include ALL sons and daughters, including ALL adopted and step-children, regardless of age or place of residence)

of place of residence)				
				Present Address
				(if deceased give last address and
Full Name		Date of Birth	Marital	date)
		yyyy/mm/dd	Status	
				Present Occupation
				-
				-
	sted in Section B. r	ead and sign belo		
NOTE 2: If no children are lis				
NOTE 2: If no children are list I certify that I do not have any		ological or adopte		
		ological or adopte	edSignati	ure Date
I certify that I do not have any		ological or adopte		ure Date
	children, either bid G (Include ALL br		Signati	rothers and half-sisters and
I certify that I do not have any SECTION C BROTHERS AND SISTERS	children, either bid G (Include ALL br		Signati	rothers and half-sisters and Present Address
I certify that I do not have any SECTION C BROTHERS AND SISTERS stepbrothers and stepsisters.	S (Include ALL br	others and sister	Signaturs, ALL half-b	rothers and half-sisters and Present Address (if deceased give last address and
I certify that I do not have any SECTION C BROTHERS AND SISTERS	S (Include ALL br	others and sister Date of Birth	Signators, ALL half-b Marital	rothers and half-sisters and Present Address
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SECTION C BROTHERS AND SISTERS stepbrothers and stepsisters. Full Name	Relationship SEE NOTE 3	Date of Birth yyyy/mm/dd	Signati rs, ALL half-b Marital Status	Present Address (if deceased give last address and date)
I certify that I do not have any SECTION C BROTHERS AND SISTERS stepbrothers and stepsisters.	Relationship SEE NOTE 3	Date of Birth yyyy/mm/dd	Signati rs, ALL half-b Marital Status	Present Address (if deceased give last address and date)

I certify that I do not have any brothers and sisters.

Date

Signature

J. DECLARATIO	ON			
I hereby declare that the	information provided by me is true	e and correct to the best of my knowledge.		
	Signature of Applicant	Date		
Person preparing this application other than applicant I hereby certify that this application was prepared by me on the basis of information of which I have knowledge.				
	Signature	Date		
	e to sign, the person filling the form space reserved for signature of app	n should sign the form and the applicant should place his licant.		