

APPLICATION TO VARY A FIREARM CERTIFICATE

Please use black ink and write in **BLOCK CAPITALS** throughout, except when signing. If you wish to provide any further information to that mentioned in this form, you must also sign and date that information.

NOTE : THE CERTIFICATE TO BE VARIED MUST BE ENCLOSED WITH THIS FORM

<p>PART A: Personal details.</p> <p>1. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>2. Title</p> <p>3. Surname</p> <p>a. Previous surname(s)</p> <p>.....</p> <p>4. Forenames (state all)</p> <p>.....</p> <p>5. Home address</p> <p>.....</p> <p>.....</p> <p>a. Postcode</p> <p>b. Tel number</p> <p>c. Mobile number</p> <p>d. E-mail</p> <p>6. Height</p> <p>7. Date of Birth</p> <p>a. Place of birth</p> <p>b. Nationality.....</p> <p>8. Occupation</p> <p>a. Work address</p> <p>.....</p> <p>.....</p> <p>b. Postcode</p> <p>c. Tel number</p>	<p>PART B: Personal health & medical declaration</p> <p>9. Do you suffer from any medical conditions?</p> <p><input type="checkbox"/> Yes (If yes give details) <input type="checkbox"/> No</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>a. Have you ever received treatment for depression or any other kind of mental health condition?</p> <p><input type="checkbox"/> Yes (If yes give details) <input type="checkbox"/> No</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>10. Details of your GP / Specialist</p> <p>a. Name</p> <p>b. Address</p> <p>.....</p> <p>.....</p> <p>c. Postcode</p> <p>d. Tel number</p> <p>e. E-mail</p> <p>PART C: Offences</p> <p>11. Have you been convicted of any offence or received a written caution (not including parking) since your last application to grant or renew the certificate?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If yes, give details of <u>all</u> convictions and/or formal written cautions, binding overs and spent convictions, including those received outside Great Britain).</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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12. If you wish to report the disposal of any firearms currently shown on your firearm certificate please give details below :

Calibre Metric/Imperial	Type	Make e.g. Winchester	Serial No

13. Details of firearms to be acquired :

Calibre Metric/Imperial	Type	Reason e.g. Target, vermin (please provide land/club details)

14. Details of the ammunition to be added or deleted :

AMMUNITION TO BE ADDED

Calibre Metric/Imperial	Quantity

AMMUNITION TO BE DELETED

Calibre Metric/Imperial

DECLARATION

The information I have given above is true and I understand that it is an offence under Section 29(3) of the Firearms Act 1968 to knowingly or recklessly make a false statement for the purpose of procuring a variation of a firearm certificate.

Signature

Print name

Date

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

Parent Guardian

Signature

Print name

Date